Oral Hygiene

FEBRUARY 1956

The spillway dam at Bonneville Dam near Portland, Oregon, where the Oregon State Dental Association's annual meeting will be held March 5 to 7.

In this issue:

FINANCIAL REWARDS OF A LIFETIME OF DENTAL PRACTICE

Dependable ANACIN *indicated in* ORTHODONTIA

When the procedure is likely to be painful, consider giving your young patients Anacin tablets before orthodontic treatment. Anacin relieves the tense, apprehensive feeling and also provides quick, dependable relief from transient pain and discomfort *following* corrective procedure. Anacin won't upset the stomach. If you are not receiving samples of Anacin regularly, please send us your request on your letterhead

always **ANACIN**®

WHITEHALL PHARMACAL COMPANY, NEW YORK

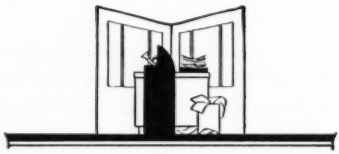
For natural esthetics in plastic teeth, specify Trubyte Biotone shades . . . use the new Trubyte Biotone Shade Guide to specify shades for Trubyte Biotone Anteriors and Trubyte Biotone Pilkington-Turner posteriors.

THE DENTISTS' SUPPLY COMPANY of N. Y.

York, Pennsylvania

The Publisher's CORNER

By Mass



No. 415

The Best Tenor in the World

"WHOEVER told him *he* was a tenor. Nuts to Caruso! Whatever made him think he could sing. Caruso—nuts. I tell you what made him sing so much: just gall, just plain gall, that's what. I ain't got the gall to bother people with my singing. But I'm better than Caruso and so is my brother—not as good as me though. But *he* ain't got gall either. Gall, that's all it takes."

We were sitting on a bench in San Francisco's Union Square, sitting in the sparkling sunshine. He was a new-found friend who had sat down next to me. I was a made-to-order audience for his talk about tenors. My new friend was a shaggy soul, gray-bearded, tousled looking. But there was a certain puzzling shadowy something about him, a sort of dim, pale grandeur which maybe reflected his conviction about himself: that he was better than Caruso—that Caruso was a bum when it came to singing.

"And television, bah! Them tenors on television is worse than Caruso even. They can't sing at all. But they do. You know

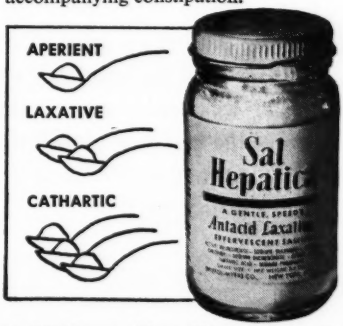
FOR THREE GENERATIONS, PHARMACIES HAVE SUPPLIED ANTACID, EFFERVESCENT

Sal Hepatica®

Since 1897, pharmacists have been dispensing SAL HEPATICA—the fast-acting yet gentle laxative.

Because sparkling SAL HEPATICA is both antacid and effervescent, it passes rapidly through the stomach. In the intestine it provides fluid bulk by its osmotic action. This bulk stimulates peristalsis. Prompt evacuation usually follows—within an hour, if taken before breakfast —before bedtime, if taken half an hour before the evening meal.

SAL HEPATICA is pleasant-tasting, acts without griping, therefore is liked by patients. Because it is antacid, it relieves the gastric hyperacidity frequently accompanying constipation.



BRISTOL-MYERS CO., 19 West 50 Street, New York 20, N. Y.

why? Gall—just like Caruso, gall. I ain't got any. Neither has my brother.

"We had a show once, though. Didn't last long. No gall. Some people came. Not many. Nobody knows good singing. We had jokes, too. Nobody on television ever uses them jokes of ours. They was good, too; the best. That's why nobody uses them.

"Listen," my shaggy friend instructed me. "Listen. This was the best joke we had in our show. It went like this. 'When Washington crossed the Delaware, what did Della wear?' No, that somehow ain't just right. Can't remember it no better though. It's been a long time. Let's see. 'What did Della wear?' Seems there was something more about Washington. Anyway my brother would ask me 'What did Della wear?' and I'd say 'Nothin'!'

"Then one day I thought I'd better clean up that joke so when my brother would ask me 'What did Della wear?' I'd answer 'Kimona!' Better that way. Cleaner, ain't it?"

He subsided into silence and mused a while. I did some musing, too. I'd been feeling sorry for him. Life seemed to have passed him by, the good things to have paraded down the other side of the street leaving him forsaken and alone staring at life from the sidelines. The thought of his staring made me look at his eyes, expecting to find defeat and sorrow there. There was none. No defeat, no sorrow. Victory was shining there—a sort of gleam of triumph. Then it came to me. I understood the shadowy something that had puzzled me. My friend was really serene about himself, wonderfully so. Was he not the best tenor in all the world? Other people didn't know it? What matter. *He* knew it. And wasn't his own brother better than Caruso, too?

MISSION ACCOMPLISHED.....

Another of the more than 100,000,000 cartridges of Ravocaine HCl and Novocain with Levophed, which dentists have used in the last 3 years, has bestowed its blessing of fast, quick, sure — and well-tolerated — anesthesia on another patient. Your patients, too, will appreciate...

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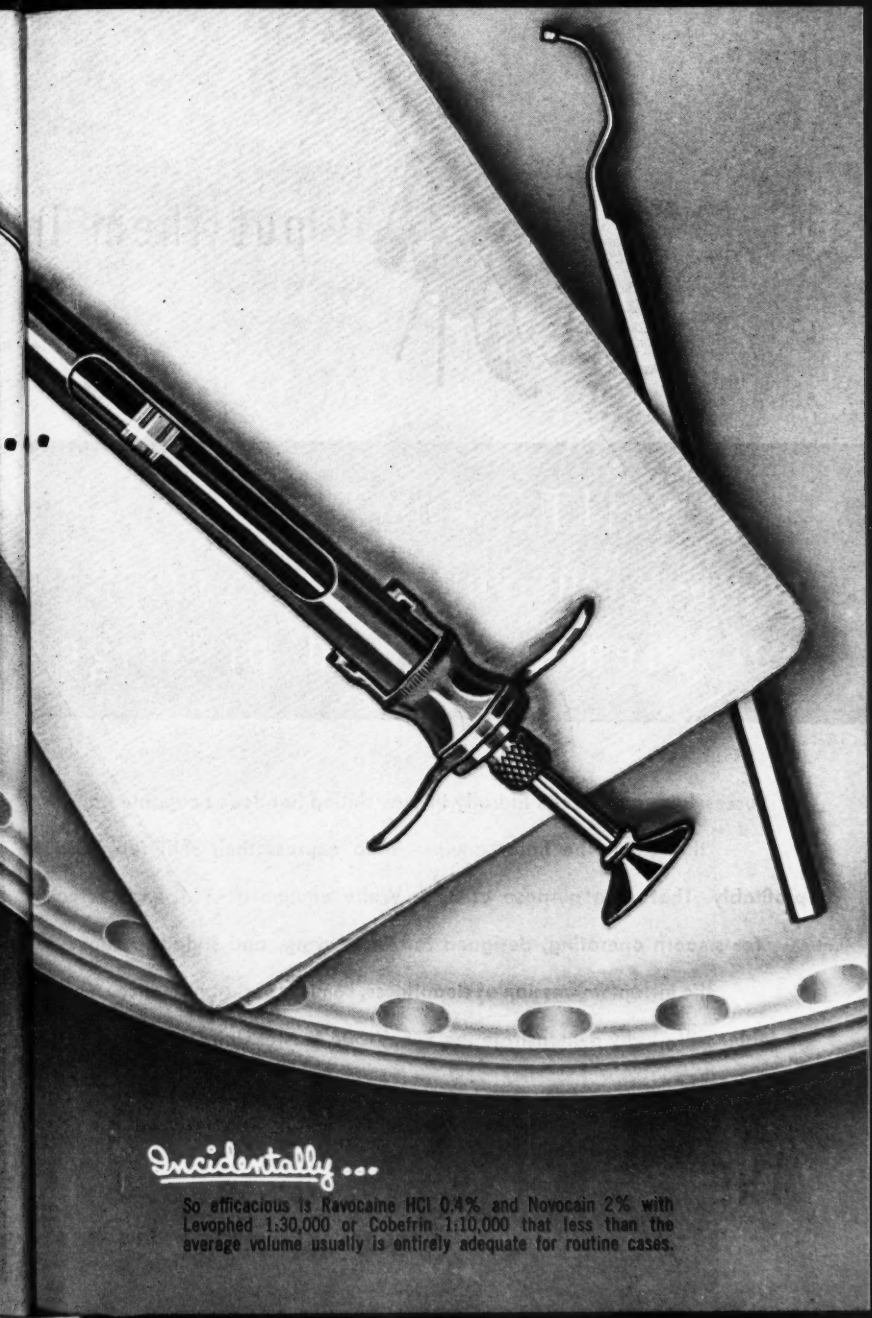

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So efficacious is Ravocaine HCl 0.4% and Novocain 2% with Levophed 1:30,000 or Cobefrin 1:10,000 that less than the average volume usually is entirely adequate for routine cases.

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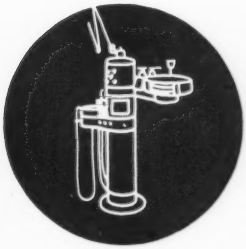

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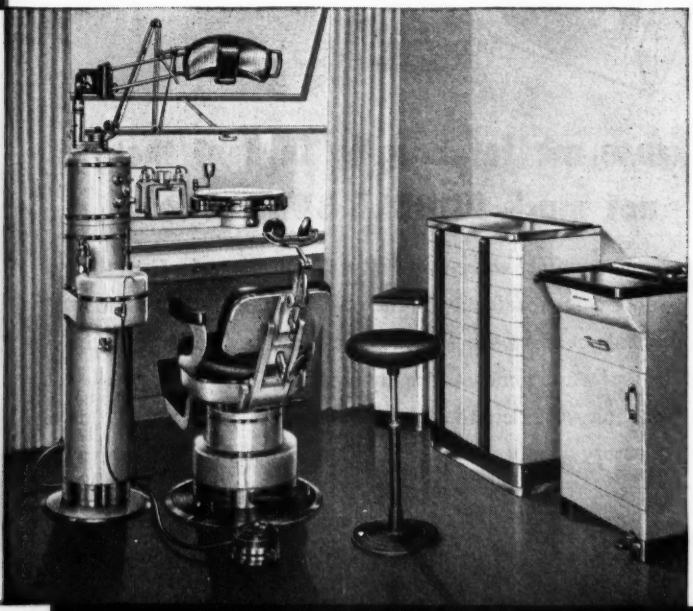
EASE



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SERVING THE DENTAL PROFESSION SINCE 1894

A Clinical Report on ADRENOSEM® SALICYLATE

(Brand of carbazochrome salicylate)

in Oral Surgery

History

The first investigation of a hemostat with an action comparable to Adrenosem Salicylate was made by Derouaux and Roskam[1] in 1937. They reported that an oxidation product of adrenalin, adrenochrome (which has no sympathomimetic properties), has prompt hemostatic activity.

It was further found that various combinations of adrenochrome, notably the oxime and semicarbazone, produced stable solutions. But, these were so slightly soluble that sufficient concentration could not be obtained for practical therapeutic use. By combining these adrenochrome compounds in a sodium salicylate complex, a stable, soluble form can be obtained. This complex has been given the generic name, carbazochrome salicylate, and is supplied under the trade name Adrenosem Salicylate.

Roskam, in his study "The Arrest of Bleeding,"[2] enumerates "the drugs whose efficaciousness as hemostatics have been proved by accurate methods in experimental animals and in healthy men as well . . . One is the monosemicarbazone of adrenochrome [Adrenosem Salicylate]."

Chemistry

Adrenosem Salicylate is a synthetic chemical. The full chemical name is adrenochrome monosemicarbazone sodium salicylate complex.

Pharmacology

Although it is chemically related to epinephrine, Adrenosem Salicylate has no sympathomimetic effects. It does not alter blood components, nor does it affect blood pressure or cardiac rate.[2-8]

Sherber, in an early study,[3] concludes that Adrenosem Salicylate* "is a potent antihemorrhagic factor in those conditions in which the integrity of the smaller vessels is interrupted, and is superior to any similar material that is now available."

Adrenosem Salicylate may be administered simultaneously (but separately) with any type of anesthetic, anticoagulant, or vitamin K and heparin.

A Unique Systemic Hemostat

Clinical investigators[2-8] are in agreement that Adrenosem Salicylate controls bleeding and oozing by decreasing capillary permeability and by promoting the retraction of severed capillary ends. It aids in maintaining normal capillary integrity by direct action on the intercellular "cement" in capillary walls. The interesting work of Fulton[9] confirms this. Adrenosem Salicylate, since it is not a vasoconstrictor, has no effect on large severed blood vessels and arterioles.

Adrenosem Salicylate is being used both prophylactically and therapeutically in thousands of hospitals, and in virtually every type of surgical and dental procedure where bleeding is encountered.

Use in Oral Surgery

Riddle[7] reports: "Eighty patients, who underwent various oral surgical procedures, were treated prophylactically with Adrenosem Salicylate. All were known to have unusual 'bleeding tendencies,' even though the majority apparently had normal blood pictures.

*U.S. Patent 2,581,850

Approximately seventy of the patients exhibited excellent response to Adrenosem Salicylate therapy.

"Twenty patients received Adrenosem Salicylate for emergency hemorrhage either during surgery or postoperatively. The hemorrhagic conditions treated included postoperative extractions, alveoplasties, excision of neoplasms and biopsies. Adrenosem Salicylate proved to be an efficient adjunct to clotting in all cases in this group." Adrenosem Salicylate also stopped bleeding following a radical neck dissection and hemisection of the mandible.

Kingsbury and Young[8] state: "Adrenosem has been administered to over one hundred patients for hemorrhage during surgery or postoperative bleeding and has been effective without exception. The results observed have left no doubt as to its therapeutic value. Patients with histories of hemorrhage following extractions are best managed by prescribing one 2.5 mg. tablet one hour before surgery and a like dose every three hours following for approximately two days or longer if necessary. One teaspoonful of the syrup may be substituted if desired. The syrup usually takes less than an hour to be effective. For extreme cases, where excessive hemorrhage results during surgery, or where profound hemorrhage develops following surgery, the intramuscular injection of 5 mg. is more pronounced and action usually takes place within 10 minutes."

Side Effects

All investigators concur that, at recommended dosage levels, Adrenosem Salicylate is free from toxic effects. No cumulative effects attributable to the drug have been reported.

The only side reaction noted has been a transient stinging sensation in the area of injection when Adrenosem Salicylate is used intramuscularly.

Indications

Bleeding and oozing associated with:

- Extractions
- Alveoplasties
- Excision of neoplasms
- Gingival hemorrhage due to periodontoclasia or secondary infections
- Extensive major oral surgery.

Dosage

For recommended dosage schedules, please send for detailed literature.

Supplied

Ampuls: 5 mg., 1 cc. (package of 5).
Tablets: 1 mg. S.C. Orange, bottles of 50.
Tablets: 2.5 mg. S.C. Yellow, bottles of 50.
Syrup: 2.5 mg. per 5 cc. (1 tsp.), 4 ounce bottles.

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THE ONLY DENTIFRICE KNOWN TO REDUCE CAR

Crest *toothpaste*

with Fluoristan

The pronounced effectiveness of CREST toothpaste in reducing dental caries has been demonstrated in the largest, most comprehensive clinical program ever conducted for any toothpaste.

The unique anti-caries ingredient in CREST toothpaste is Fluoristan, a *special fluoride compound.* Fluoristan is the only fluoride compound known to be capable of bringing active, effective fluoride in contact with teeth through the medium of a toothpaste. This exclusive compound contains stannous fluoride, which is imparted to teeth during routine brushing. It combines with and strengthens tooth enamel, and has been shown to fortify it against decay acids.

CREST is the only toothpaste to present clinical evidence of significant decay reduction among children and adults after a full year of unsupervised home use. Therefore, CREST is recommended to you as by far the most promising of all dentifrices, worthy of a place in your caries prevention program.

Why we put Fluoristan in CREST, instead of just adding "fluoride"

Dental scientists at Indiana University began their search for a new fluoride compound when clinical studies revealed that *sodium fluoride was ineffective in a toothpaste.*[1] Hundreds of potential anti-caries agents were tested. *Stannous* fluoride was found to be greatly superior to *sodium* fluoride, and all other agents,[2, 3] for purposes of a toothpaste.

Conventional toothpaste ingredients *inactivate* fluoride. But with the aid of Procter & Gamble researchers, the scientists found a way to combine stannous fluoride with a new ingredient that maintains the activity and effectiveness of stannous fluoride in CREST. Result: *Fluoristan.*

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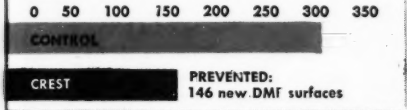
CARIES SIGNIFICANTLY IN NORMAL HOME USE!

A CLINICAL RECORD UNEQUALLED BY ANY OTHER TOOTHPASTE

Over 5,500 children and adults are included in nine independent clinical studies of CREST. All studies are conducted according to procedures suggested by leading dental scientists—*no attempt is made to supervise or control the oral hygiene routines normally practiced by the subjects.*

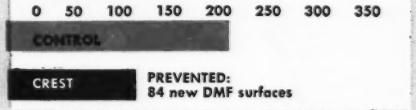
49.3% CARIES REDUCTION IN CHILDREN[4]

Summary of results published in the Feb., 1955 issue of THE JOURNAL of the AMERICAN DENTAL ASSOCIATION.



42% CARIES REDUCTION IN ADULTS[6]

Summary of results presented in Dec., 1954 to the Dental Section of the AMERICAN ASSOCIATION for the ADVANCEMENT OF SCIENCE.



Clinical study no. 1—423 children, aged 6-16

This study, conducted by the Indiana University School of Dentistry, shows significant caries reduction after one year. Summary of results is at left above.

Clinical study no. 2—750 grade school children

Compares CREST with a sodium fluoride dentifrice plus a control. After one year, results among CREST users confirm Study No. 1.[5] The sodium fluoride dentifrice was not effective in reducing caries significantly, confirming other independent studies.

Clinical study no. 3—322 adults, aged 18-36

This test shows that *the effectiveness of CREST is not restricted to children.* Results appear at right above.

Six additional independent clinical studies are now in progress among over 4,000 new subjects. Summaries of the results of these studies will be made available to you soon after they are reported.

*Fluoristan is Procter & Gamble's trademark for an exclusive combination of stannous fluoride and a fluoride-compatible polishing agent.

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Prices include this attractive display case, lined in velvet. Ideal for demonstration as well as for storage and safe-keeping.

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Complete set includes display case, upper and lower models of natural pink acrylic and three interchangeable cases for each, illustrating the following constructions—

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Surgiloy Wire Frames with Gold Clasps
Gold Wire Frames with Acrylic Saddles

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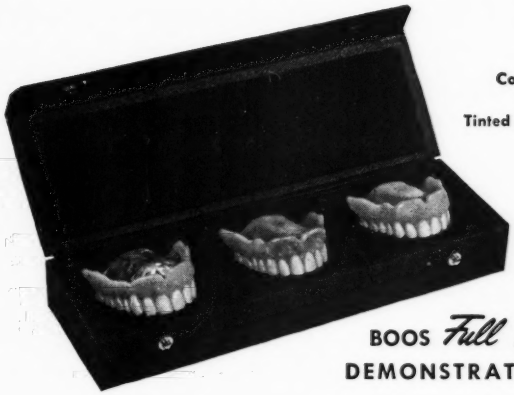

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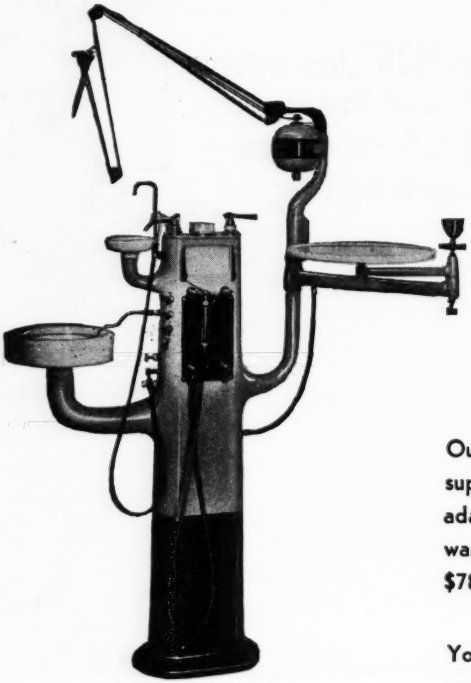

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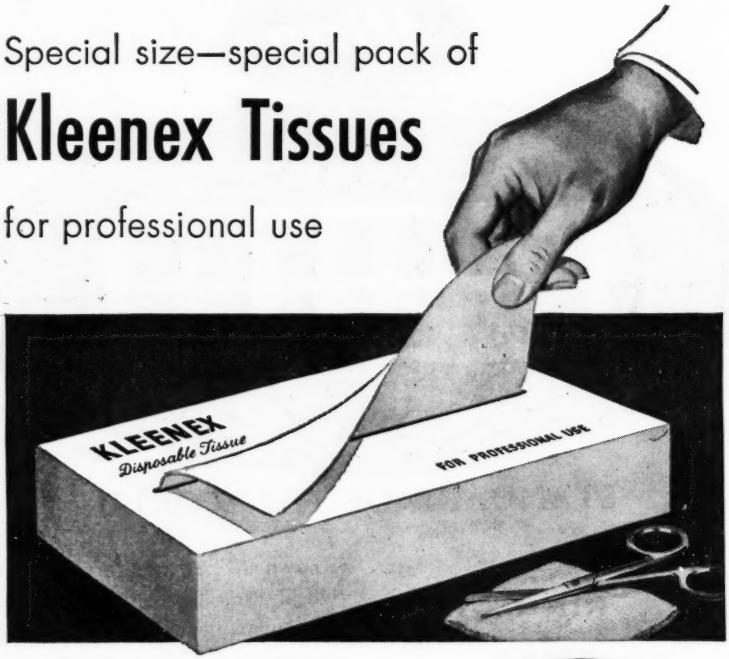

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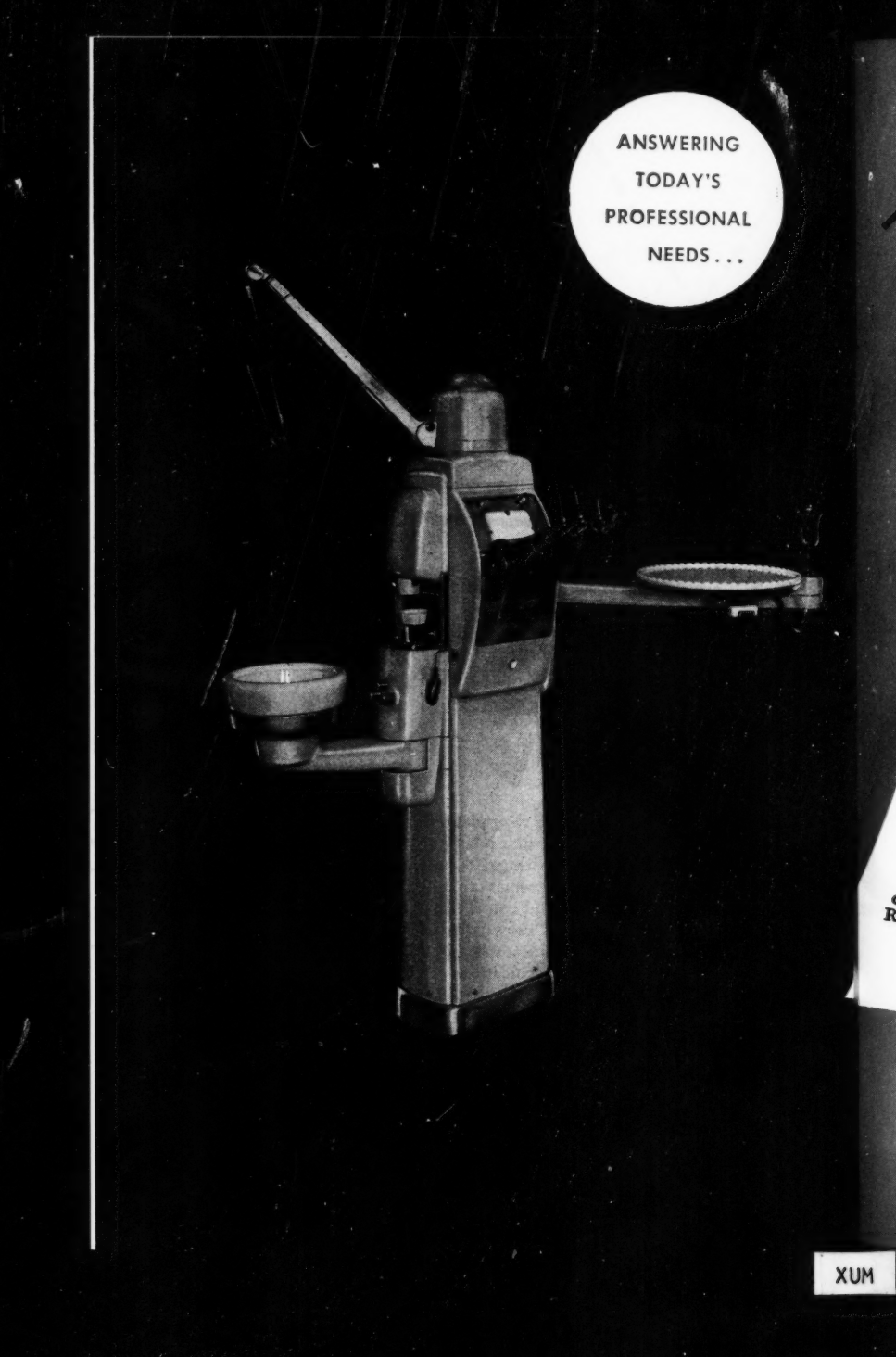
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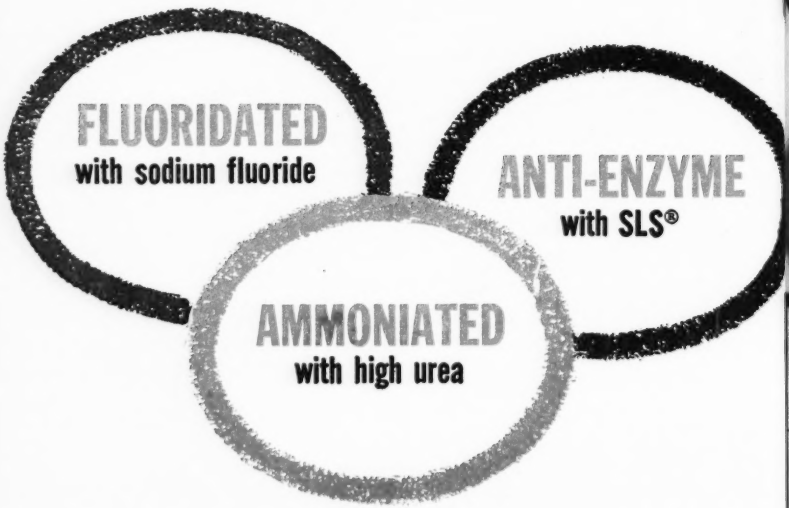

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	Super Amm-i-dent	Brand B	Brand C	Brand D
FLUORIDE	yes	yes	yes	yes
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ANTI-ENZYME SLS (sodium N-lauroyl sarcosinate)	yes	no	no	yes

Only Super Amm-i-dent combines in a safe, stable form the THREE methods with the greatest amount of clinical and laboratory data for reducing and preventing dental caries.

RESISTS ACID The sodium fluoride in Super Amm-i-dent hardens the outer layer of the tooth—actually causes a change in the chemical structure of the surface layer. This fluoride makes the enamel far more resistant to acid erosion and decay.

NEUTRALIZES ACID ★ High-urea penetrates to the pulp of the tooth, diffuses back to the surface as oral concentration drops to keep pH above critical 5.5 for 12 hours.

PREVENTS ACID ★ SLS (sodium N-lauroyl sarcosinate) adsorbs to enamel and plaque, resists flushing with running water, inhibits bacteria, keeps pH above 5.5 for more than 12 hours.

★ NOTE: High-urea and SLS are synergistic—work together to prevent acid on tooth and plaque for *more than 24 hours!*

TASTES GOOD Super Amm-i-dent tastes good, is an excellent cleanser. Patients like its flavor and pleasant foaming action. Try it—you'll like it too. Look for the *red* carton and tube.

Regular Amm-i-dent is available in white and green (chlorophyll).

***Amm-i-dent*—recommended by more dentists than any other dentifrice!**

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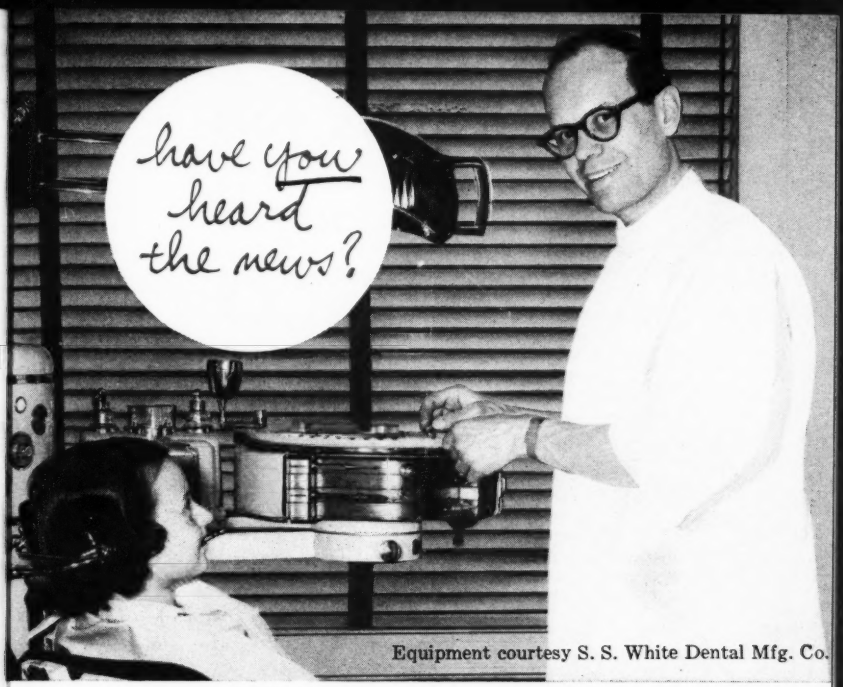

Equipment courtesy S. S. White Dental Mfg. Co.

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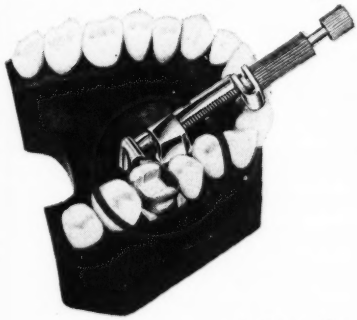

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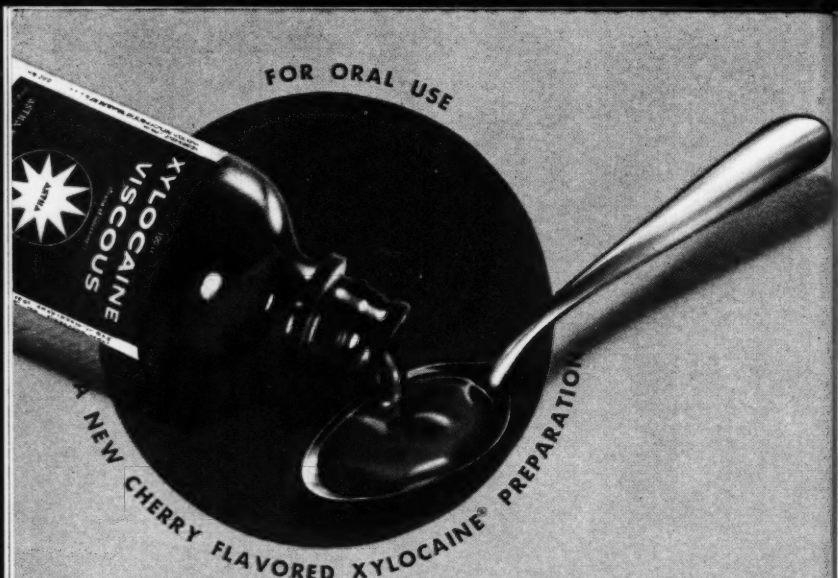

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XUM

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Picture of the Month

DOCTOR Uno Nyman of Wisconsin is shown with his wife as he puts the finishing touches to a musical composition. For years he was a Milwaukee dentist and composer. Now he grows cherries and composes in Ellison Bay, in Door county. His compositions have been played by many musicians and groups around the state. Last year Thor Johnson, noted American conductor and musical director of the Peninsula music festival at Fish Creek, Wisconsin, commissioned Doctor Nyman to compose selections for the annual festival. His two short works, HARVEST STAR and CASTOR AND POLLUX, were played by Johnson and the festival orchestra for a concert in the series of nine productions.—*Photograph by Herb Reynolds, Sturgeon Bay, Wisconsin.*

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All of these testimonials have come from men like yourself—practicing dentists who have to be completely convinced before ever writing such praise.

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FINANCIAL REWARDS *of a Lifetime of Dental Practice*

BY A RETIRED DENTIST

Midwest dentist reports on thirty-two years in dentistry that spanned the depression and a world war.

CURRENTLY there is much discussion concerning Old-Age and Survivors Insurance, better known as OASI. At last the House of Delegates of the American Dental Association has voted in favor of inclusion of the dental profession, on a strictly individual, *voluntary* basis, in OASI.

It is appropriate to examine at this time the financial affairs of a dental practice from the point of view of ascertaining what chance there is of obtaining an ample income for retirement by the old-fashioned method of personal saving and planning. It so happens that figures are available from my dental practice, which has just been concluded after thirty-two years.

This practice was located in an industrial city in Michigan. The office was conducted in an eight-story building, situated on a prominent corner. Virtually all the patients were referred, with the exception of an occasional drop-in from the building.

The office was a one-chair establishment. There were ample laboratory, X-ray, business office and reception room facilities. There was one able dental assistant. The recall system was by telephone only. During the later years, more than one-half of the practice revenue was derived from denture construction. Children were referred to a pedodontist.

All in all, this practice was just

average. The results obtained are not to be construed as high or low. No doubt many practices could show much better results. Younger dentists just beginning their dental careers may get some idea as to the rewards of a lifetime dental practice, and older dentists will have an opportunity to compare their results with those obtained by one of their colleagues.

At no time in the past has it been my privilege to be able to look into the financial detail of a typical dental office. This is written with the hope that other dentists will report their experience in a financial way.

The grand sum of $406,550 in dental fees was collected during thirty-two years of dental practice. This was at the average annual rate of $12,704 gross. The average annual net was $7,670. It must be remembered that the period of June 1923 to June 1955 encompassed the great depression years, 1930 to 1934.

The best years of the dental practice were the years immediately following World War II. For five years the average gross income was near $30,000; the average net near $18,000.

The first year of dental practice, 1923, the gross was $4,660; the net, $2,825. Rent in that year was $35 per month. The gross had grown to $13,100 by 1928; the net, near $8,000. However, a shock was in store for business in the thirties. Banks closed temporarily. Twelve million men were unemployed in the Nation. Business was at a low ebb.

Income for the year 1933, at the depth of the depression, plummeted to the unbelievable low of $2,605 gross; the net, $1,533.

Income Tied to Economy

The reason for giving the income during the different periods is to impress upon the more recent graduates of the profession that dental income will vary with the economic health of the Nation as a whole. In other words, there is no regular increase in gross year by year which can be depended upon. There will be fluctuations as a result of causes over which one has no control. This up and down in gross will perplex the novice practitioner.

Dividing the whole time from 1923 to 1955 into two periods will serve to contrast two very different periods. The first, from 1923 to 1941, was one of severe fluctuations in the business economy. The second, from 1941 to 1955, was one of inflation brought on by World War II.

The average annual income for the first period was approximately $7,000 gross. The gross income of the second period averaged $20,000. As previously stated, rent in 1923 was $35 a month, rising gradually to $110 a month by 1950. All other expenses and cost of living were in like proportion. Wages for a factory worker were

roughly $3 per day in 1923 compared to $15 per day in 1950.

No discussion of financial matters could omit mention of fees. In the early years of dental practice, extractions were often performed for a single dollar. The price of a denture was $35. Amalgam restorations were placed for $1 or $2.

Gradually the scale of fees was advanced until an extraction was a minimum of $5, and the necessary X-ray picture an additional $3. Full dentures were $300 and roentgenograms and preparatory surgical treatments were extra. Silver restorations cost a minimum of $6. A simple prophylaxis was $6, and in unusual cases where treatment required several visits the fee was quoted accordingly, up to $25 or even up to $50.

It has been calculated that there is a constant growth of 3 per cent annually in the price structure of the economy of the United States. A dental practice will have a similar growth of 3 per cent on the average over a period of years. A dental practice, which grosses $20,000 in 1955, can look forward to the 3 per cent increase annually. Therefore, in 1971, sixteen years hence, the gross could be near 50 per cent greater, or $30,000.

Probable Returns

With evidence such as here presented, the younger dentists will have an opportunity to judge the probable rewards of a life-time of practice, and then ascertain for themselves whether or not they wish to be included in OASI. For someone on the conservative side, a lifetime of dental practice during the next thirty-five years could amount to over a million dollars of total income. This figure is arrived at by the simple expedient of multiplying 35 years by $30,000 per year.

Now since the money was earned, how was it disposed of? The question of the disposal of money is not much of a problem with most people. It is the management of it that counts so far as building up a competence for retirement is concerned.

Expense of conducting my office amounted to $161,000, or near 40 per cent of the gross. Then income taxes took approximately $57,000. After taxes and office expenses, there was remaining $188,000. Now living expenses must be deducted, before any savings can be effected. Of course, living expenses are the variable factor. From the foregoing it can be seen that my take-home pay from this one office amounted to approximately 46.5 per cent of the gross.

The first savings in this particular case were deposited in Postal Savings Account. Later on sums were placed at a better rate of interest in a Savings and Loan Association. Still later on, land was purchased and a home was constructed on it.

During the depression, 1930 to

1934, several investments in vacant property were wiped out. Other losses resulted from bank failures.

As the momentum of business increased in the later thirties, losses were forgotten and recouped. A certain sum of money was utilized to purchase annunities. Other sums were used to purchase securities. Some of the securities did well, while others did not.

Today the annunities are paying a monthly sum. The home and land have been liquidated and the funds reinvested. Securities are selected with emphasis on growth characteristics, in the meantime, paying dividends. The portfolio consists of: blue chip insurance, utilities, oil and electronic common stocks. The annual income from these various investments amounts to around $7,500.

Family obligations consisted of a family of four, a wife and two children.

One of the most important phases of dental practice is the collection of fees. The dental office is no place for loose financial conduct. The time to collect a fee is immediately following an operation. By the time a bill is sent to the patient at the end of the month, he has forgotten how strenuously you worked and how much he appreciated your service. The time spent on collecting dental bills is non-productive time.

This practice was always on a cash basis. The modest success was due partly to this method of collecting fees. Was it not better to have collected $406,555 with a trifling loss of $300 than to have thousands uncollected on the books? A prompt and fully paid dentist is a cheerful dentist, and no one will be avoiding him on the street because of an unpaid bill.

It was the policy of my office to be closed during the winter months for an annual vacation. It is calculated that the office was closed a total of sixty-one months. During the last ten years this annual vacation averaged three months per winter.

Dentistry is a satisfying profession, one of the few remaining where one can plan his own hours of employment, set his fees, have personal associations and a splendid opportunity to make lifetime friends.

IOWA JUDGES TO VOTE ON OASI

THE Iowa District Judges Association voted recently to conduct a referendum among members on whether to enter the Federal Old-Age and Survivors Insurance plan. Iowa has 70 district court judges and 9 supreme court justices. Thirty-six judges attended the meeting and when asked whether they would vote favorably on the referendum, all of them stood. The principal reason advanced in the discussion was that the state retirement act provides no benefits to widows and none to minor children. The judges thought that $84 a year was "cheap insurance" for a possible federal payment of $200 a month to their families.—*Des Moines (Iowa) Register.*

HUNTING in ALASKA

BY RALPH H. BOOS, DDS

Minneapolis dentist hunts white sheep in the far North and deer in Wyoming and other states for relaxation.

THE ATTRACTION of the wilderness, whether it be prairies, forests, or mountains, has a fascination that is irresistible for some of us. These wild areas often have game of different types, and the adventure of seeking the bigger trophy in its natural surroundings is a great experience.

Twenty-five years ago a white tail deer hunt in Minnesota was interesting because you could look over many heads to select your choice. The hunters were few and the territories large. As years went on, other territories opened up and a big-game hunt in the Rocky Mountains, which included elk, was an unforgettable experience. Antelope and mule-deer hunting in Wyoming the past few years has offered the wide-open spaces and many animals.

On each trip a hunter begins to think of his next one, so our trip to Alaska was the result of a year's planning. Our objective was Dall or white mountain sheep, found only in Alaska or the Yukon Territory on the North American continent. The season opens the last of August or the first part of September. The better hunting area for sheep is in the interior of Alaska, including the mountain ranges between Anchorage and Fairbanks.

Our arrangements were made with an outfitter in Anchorage who

takes care of camps, guides, airplanes, and everything except personal clothing and guns.

We flew to Anchorage by way of Seattle. Flight time was about 12½ hours with one stop in Seattle. There is a difference of four hours in time between Minneapolis and Anchorage. From Anchorage we traveled 180 miles north by truck to a camp at Lake Louise. This was our base camp from which we could see four ranges of mountains, the Alaska, Wrangel, Talkeetna, and Chugach ranges.

The hunting camp sites had been set up, and we flew from the base camp in Piper cub planes with pontoons to the different camps, which were situated on the landing lake. Our first camp was in the Chugach Mountains, about 65 miles east and south of the base camp. The first day we walked about eight miles to the side of the steepest grade of the mountain where a fly camp was located. No horses were available because of the lack of food and the severe seasons, which do not permit a horse to live the year round.

From the fly camp we started the climb to the top of the mountains. In Alaska the timberline is usually from 2500 to 3000 feet altitude because of the climate. The top of these mountains ranged from 6500 to 6000 feet. The timberline terrain is similar to 7500 feet in Montana, and 10,000 in Colorado. There are glaciers and various patches of snow around. On the way up the

Doctor Boos displays fine specimen of Dall-sheep with turn and a quarter curl of the horn.

mountain, I had a fine view of an eight-foot grizzly bear about 250 yards away. My hunting partner, Ted Bennett, was stalking a sheep so we passed up the grizzly bear, because the noise of shooting would have created a disturbance.

Later in the day the guide and I went over the top of the mountains, and we were fortunate enough to see a number of Dall-sheep. One was a fine specimen of the white sheep with a turn and a quarter curl of the horn. With the aid of much luck and a 300-magnum rifle, with a four-power scope, he was in the bag. His horns were complete, which was lucky, as many of them have broomed or broken ends of the horns. The base measurement of the horn was 13½ inches and a curl of 38½ inches. This is not the top size, but among the leaders and fortunately the head was extremely graceful. After the sheep, I went on to get a nice billy goat that weighed about 275 pounds, and then a caribou.

We moved to three different camps. Two were located in the Alaska range of mountains. Our camps were on tundra, which had permafrost. The ground is permanently frozen three or four feet under the surface. Some of the tundra area was good ptarmigan hunting, which is much like bobwhite quail but four times as large. We also had some good grayling fishing with a fly rod.

Alaska is a "Sportsman's Paradise" with its game and fish, and still a rugged frontier.

808 *Nicollet Avenue*
Minneapolis, Minnesota

THE DENTIST AND TREATMENT OF WOMEN

WHEN fast women apply to you for work, and it is your custom to work for them, be sure and maintain a courteous but dignified demeanor toward them. Usually they are accompanied by one other member of the house, to wait for them; the one who waits is likely to bring a *Police Gazette*, or *Standard*, or some other flashy literature with her, to while away the time.

In making an appointment with a member of this class it will be to the practitioner's best interest to make the appointment for a time when he has made no other appointments during that half of the day, and charge the person accordingly; for if an appointment is made for the same forenoon with a lady who is a member of the better grade of society, she is likely, especially in the small towns, to know that the women are of the demi-monde, and may take offense; at least she has a right to show her displeasure at being given an appointment so close to theirs.—Charles R. Hambly, DDS, *The Practice Builder* (1902).

How to Treat a Dental Assistant

Maintaining good employee morale is as essential in a dental office as in a large industrial plant.

BY M. TRAVASCIO

THERE IS something wrong in the dental office where assistants come and go with the same frequency as the seasons. Though the dentist, or dentists, who operate in such an office may not be able to isolate the reason for the frequent turnover, the patients can. If they hear a different voice every time they call for an appointment, or see a strange girl at the reception desk, they decide that the professional employer is at fault. Because patients classify the assistant as "one of them," they suspect the girls are ill treated, underpaid, or their work contributions not appreciated.

In many instances, one or more of these conditions may be at the root of the problem. They remain unrecognized by the dentist-employer through a failure to compare personnel problems in a dental office with those encountered in a commercial organization. But with few exceptions, they are comparable, because human nature is the same regardless of surroundings. Also, during her after-hours conversations, the professional assistant compares her activities with those of employees in business offices. There management eagerly taps the ingenuity of workers as a means of improving production and profits, and in some instances, employees enjoy end-of-the-year bonuses when net income reaches a healthy high. The job enthusiasm of these nonprofessional workers is sharpened. Their interest in corporation success is stimulated by top executives who freely discuss the firm's problems and pass out work orders with an explaining "why" instead of a demanding "how."

Such policies may seem too radical for a dental office, but that is open to question. To their absence might be charged the responsibility for troublesome and costly employee turnover. At least that is true in the office, which a bookkeeper-receptionist left recently to seek work in another field. "I studied and have practiced bookkeeping," she explained, "but the dentist insisted I keep financial records in dime-store copy books, using his own complicated and unreliable system. If I had stayed on, I wouldn't know a credit from a debit." Then she concluded, "He would have raved at my impertinence if I were to have suggested he apply equally antiquated methods to his dental practice."

The difficulty dentists experience in assigning responsibility as a step toward improved employee relations, stems from the fact that most dental practices are one-man enterprises. Even though three, four or more men share a single building and together employ one or more assistants, the team spirit that builds profitably in business is overshadowed as each dentist wraps himself in a cloak of isolation, "my practice." Although his appointments are scheduled skilfully, the needs and comforts of his patients catered to thoughtfully, and his time guarded to permit maximum productive periods at the chair, the girl responsible remains a complete outsider. In business, the same loyal cooperation brings distinction to a secretary as an executive's "right arm" or "Girl Friday."

The Wife's Role

Of course, there are exceptions, and in a notable one, a dentist's wife plays an important role. Several times a year this woman arranges to take her husband's office assistant to dinner and then to the theatre. The outings are scheduled for evenings when the dentist at-

tends association meetings, and are purposely limited to a now-and-then basis. This creates an element of surprise when the dentist's wife telephones to make a date with the dental assistant. The wife of another dentist employs a different technique to build good will. On the infrequent occasions when she calls to meet her husband in his central city office, she brings along a pair of gloves, a box of candy or stockings, which she gives her husband's assistant as an indication of appreciation.

These expressions of thoughtfulness are not intended as bribes. They are rather a recognition that a paycheck is not the only reward a dependable employee deserves for diligence. Labor-relations experts are doing their best to sell management on this fact. In those instances where they have met with success, some remarkable examples of increased efficiency and productiveness have resulted. The entire idea is based on the conviction that the individual who is happy at a job accomplishes more and finds the required tasks less tiring. The dentist standing at a chair knows that his own mental outlook is reflected in the quantity and quality of the work he turns out.

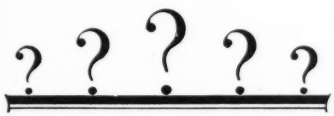
While the immediate results of better employee morale show up in the more profitable operation of the dental office, there is also an important long-range benefit. As young girls give consideration to their careers, a higher percentage will prepare themselves for employment in the dental field, if those presently assisting in dental offices are enthusiastic about their positions. This benefit is comparable to what nursing hopes to win for itself through efforts to eradicate the stigma, which developed when training schools in hospitals were sometimes compared to endurance testing grounds. There are some who indicate that this is the answer to the current shortage of qualified nurses.

The work being done in employee relations comes to public and professional attention when negotiations are conducted between union heads and industrial management. But these examples are given headlines only because large groups and well-known industries are involved. In thousands of other offices and shops, employer and employees have come to respect the talents each possesses and to "live" happily and work successfully toward profitable accomplishments.

The same results can be brought about in the dental office where the "boss" has only one employee.

934 *North Sixty-Third Street*
Philadelphia 31, *Pennsylvania*

So You Know Something About DENTISTRY!



CXXXVII

1. Are any salivary glands found in the gingivae or anterior portion of the hard palate? ....

2. True or false? Teeth in elderly patients are difficult to split. ....

3. Thiopental sodium (a) decomposes, (b) does not decompose, on standing. ....

4. Do antibiotic-resistant organisms in root canals usually cause serious damage elsewhere in the body? ....

5. In sinusitis (a) single teeth, (b) a group of teeth, usually will show equal hypersensitivity. ....

6. Can increased matrix pressure prevent the formation of the voids which develop about the walls of acrylic restorations? ....

7. The resorption of the root of the deciduous tooth (a) is, (b) is not, a continuous process. ....

8. True or false? After the orifices of the palatine salivary glands are covered with a denture base, mucosal inflammation and subsequent degeneration of the glandular tissue may occur leading to a diminished output of mucin. ....

9. When using the x-ray machine, the operator should stand at least (a) 2½, (b) 5, (c) 7, feet from the patient. ....

10. In pickling, is it wise to heat a restoration to red heat and plunge it in acid? ....

FOR CORRECT ANSWERS SEE PAGE 204

HOW the Family Dentist Is Selected

BY MRS. A. D. BURROUGHS

A mother of four children under six years tells you what to do to be the chosen dentist.

As an ex-business woman in advertising, merchandising, and selling, I understand that in the dental profession, just as in business, there is a keen desire to know what your client does, and more important, why he does it!

And as every dentist knows, there is little worry about the office rent, the bread, or which side the bread will be buttered on, when he becomes the "family" dentist to a number of young, growing (and often still increasing) families. It is good business for now and for years to come!

We found ourselves, like most typical young families, involved with the selection of a "family" dentist. I still continued to patronize the same dentist I had gone to before my marriage. My husband had his dentist. The baby, at age three, had still another dentist.

With three dentists for one family, we asked, "Why not a family dentist—a dentist who is 'ours' and we, in turn, are 'his'?" We had a family physician, a family optician, a family everything-else—men and businesses, who through loyal devotion and service to us, had obtained our loyalty and devotion in return.

But what qualifications does the young family look for in selecting a family dentist?

We asked a list of sixty young couples of our acquaintance plus a

number of fathers and mothers separately—our friends, my husband's own customers, our club and church acquaintances. We set up a list of our own personal requirements. These combined together are listed below.

Wanted: A family dentist who realizes that you are a family and who knows that your greatest problems are mainly two—time and money. The dentist who gets the most family clients is the one who will schedule the entire family at one time for the "checkups."

With a family of four small children, you can see why this point was the most frequently mentioned. It means only one day scheduled for the dentist, one trip instead of six—six days, six fights with the other children, or six times around for finding and hiring a sitter for the ones left at home.

With this one family checkup day, the family dentist can make complete records for all the family. You are advised as to the amount of service and time necessary for each individual member and you can plan in advance for the time and effort to have it done.

Dental Counsel For All

The family dentist getting the vote takes the time to explain thoroughly the condition and the treatment requirements necessary for each member of your family. You are made an intelligent "insider" on the needs of your family's dental care. And in actual practice, usually only one or two of us require extra care and the extra appointments—a great time saving event for our family!

I doubt that this method of scheduling one entire family at one time is as impossible or inconvenient for our dentist as it may sound to you. We stated the days and the times (Tuesday afternoons or Thursday afternoons) as the most convenient for us, particularly after 2:30, for this is after naptime. Our dentist merely calls us or sends us a card in advance, working us into his schedule as far in advance as six months. This keeps his books filled at his own convenience, too.

Yet, we and the sixty couples interviewed found far too few dentists who would even consider such an arrangement for a "family-checkup day," even when it would mean the added business of an entire family and the opportunity to aid in preventing neglect of this phase of family living.

All of the couples queried reported the same lack of enthusiasm and too often the same difficulty in finding the dentist who would take the fifteen minutes "conference time," talking to the family, telling them the service that was necessary, and *why* it was important. Yet most of us would give our right arms for our children. We would give all of our cash for good dental care gladly and willingly if we knew the *whys*. And we would not accuse you of drumming up a little added business.

While these two basic pointers take care of point number one—time—and point number two—understanding and the feeling that "the-doctor-is-our-friend"—the third requirement—that of money—was another sore point with all of the sixty couples searching for a family dentist.

We, like all of the other young couples with families, have a good, steady income with a potential for more money in the years to come. *Our* credit ratings are all in the A-1 classification and we budget carefully and consistently to avoid abusing this credit rating.

Yet, when six people go to the dentist, each having a minimum and reasonable bill of $30 each, this adds up to a $180 dental bill, quite a piece out of anyone's budget.

A few dentists are alert to the fact that, when families need the most consistent and regular dental care, is at the same time that budgets are stretched to the limits by the many needs of a growing family.

And these same dentists have acted accordingly, and we bless them. These dentists have set up a "Family-Budget Plan," and we love it as enthusiastically as the other sixty couples do.

During the interviews with the other couples, we learned two popular and prevailing plans are existing, both involving a definite sum of money each month for the dentist. In one plan is the service given, and the bill is divided into agreeable monthly payments. The other plan (the one we like) is that in which the cost of the service is estimated in advance, and we pay the sum in monthly payments. When we go to the dentist, the major portion of our bill is paid in advance!

This plan takes care of the much-needed point of money—and it avoids the tendency to neglect your teeth and the teeth of your children at the time when care is needed most. The expense is included in your living costs as any other necessity.

Entertain Child Patients

The last point emphasized unanimously among all of the interviewed couples was the fact that the dentist must have a "way" with children, although I believe in actual fact that today almost all of our modern dentists are well trained in this field.

From practical experience with our own *four* youngsters and those of these other sixty couples, today's children look forward to the day at the dentist. It is a gay lark. The dentist is their friend, they talk constantly to him, know more about his personal life and how many boys and girls he has at his house than we do, and they come out loaded with plastic animals, a broad grin of well-cared-for teeth, and eager to return. Their running pace into the dental chair is a far cry from the slow, apprehensive

shuffle retained by their parents!

These children all love their dentist, even when he hurts them, and this one contribution alone is enough to make today's parents love the entire dental profession. These children will grow into adults under the same skilled care, and the chances are good *their* children will be brought back to this same dentist.

While many varied desires were expressed as wanted in a family dentist, these four points were mentioned in *every* instance during the interviews with these sixty couples:

1. The dentist who would schedule a "Family-Checkup Day" from father down to baby at one time.

2. The dentist who takes time for the counsel period, which is usually accomplished in less than fifteen minutes explanation time. This is a good time investment for building good will, friendship, loyalty, and family understanding.

3. The dentist who will offer some "Family-Budget Plan," keeping his own credit collections lower, his own income regular, and making it possible for families to enjoy painless payment, insuring regular dental care for all the family.

4. The dentist who enjoys children, who makes friends with them, who is well trained for good dental care specifically for children. His assistants like children, particularly my children, and seemingly are sincerely interested in them as little people and their dental needs.

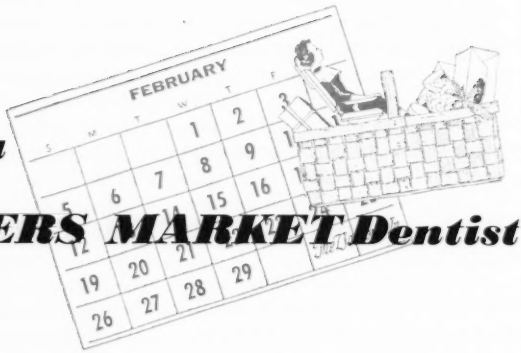
These primary wants expressed by all the interviewed parents will secure "family practice" and will assure loyalty and devotion. Starting with baby teeth, through braces, on through the teens, and past their wedding days, until the time comes when they bring their own babies back to "*our* dentist," gives a secure feeling to the family, and a secure feeling for the dentist's own business.

While on the surface, there often seems to be more nonsense than sense to the reasons why a dentist is selected for a family dentist, these services were revealed in every one of the sixty interviews we conducted.

And as I understand that you, in your profession, have turned an ear or an eye, to find out the reasons "why," I hope that these pointers will help you to become the family dentist selected by that young American family. Through the years, we (and those thousands like us) will thank you for making the best dental care available for our youngsters and ourselves!

Richland, Indiana

He's a FARMERS MARKET Dentist



BY CHARLES P. FITZ-PATRICK

THE IDEA of having 15,000 prospective patients walk past his office within a two-day period is simply dream stuff to the average dentist. But to Doctor A. G. Gordon of Philadelphia, it is a regular experience, and has been every Friday and Saturday for the past three and a half years at his part-time, out-of-town office.

Doctor Gordon, a graduate of Temple University School of Dentistry, has for some time conducted an established practice in the northeast section of Philadelphia. Since early in 1952 he has practiced also every Friday evening and Saturday afternoon and evening in a fully equipped office at the Quakertown Farmers Market, Quakertown, Pennsylvania.

Those unfamiliar with the Quakertown Farmers Market may be excused for thinking this a strange location for dental operations, but the truth is that the Quakertown Market is in itself an unusual establishment. Situated about midway between the resort towns of Pennsylvania's Pocono Mountains and the picturesque Pennsylvania Dutch communities of the state, each weekend of the year the market attracts about 15,000 men, women and children, who, with their nearly 5,000 cars, convert the normally quiet rural section into a thriving business center.

Actually, the Quakertown Farmers Market has little in common with the present day conception of shopping centers that have become a part of many modern suburban developments. It is more like a reborn trading area popular around the turn of the century, when farmers, tradesmen and artisans gathered with their wares in a specially constructed building, and to which

Some patients drive as far as forty miles to make impulse appointments with this Philadelphia practitioner.

folks from miles around came to make purchases and to visit one with the other. A serious attempt is made at the Quakertown Market to develop and maintain that type of atmosphere.

When Doctor Gordon's interest in a second office at Quakertown was stimulated by reports that space was available at the market for a professional man, he made a careful study to determine if it would be practical for him to schedule end-of-the-week appointments so as not to subject his metropolitan patients to any inconvenience. He admits that he entered into his part-time operations with hope coupled with some doubt, yet with a determination to give the office full opportunity to show its potentials.

Permanency Questioned

Virtually from the start, there was a satisfactory flow of patients to his chair, but like himself, Doctor Gordon learned that some wondered about the permanency of the office. This was indicated by one woman patient for whom the dentist arranged several extractions and a partial denture. When he suggested a payment to apply toward the total fee, the woman immediately asked, "But how can I be sure you will be here when my teeth are ready?" It was a question he had not anticipated, but thinking quickly, he explained that both the installation of dental office equipment and rearranging a city practice indicated his desire to continue operating for some time at the Quakertown Market location. The answer apparently calmed the woman's fears, for she made the first payment on the appliance and returned regularly until the denture was completed and fitted.

As the months have grown into years, the question of permanency is no longer raised by Doctor Gordon's patients. In fact, in a number of instances, some of this dentist's original patients are now bringing their children for dental care, and the percentage of appointments as opposed to "walk in" patients is increasing. While his continued presence has contributed to this, another important factor is the regularity with which most visitors to the market return week after week. For some, it is the one outing to which the family goes as a unit.

Among professional acquaintances who recognize the unusualness of Doctor Gordon's operating quarters, the question asked most frequently is, "What type of patients do you have at the Quakertown Farmers Market?" To this the dentist can only answer, "Just about the same as I have in the city. Some are young, some old, and the sexes are about equally di-

vided." A number of his patients either own or are employed in farm work, but about the same number work in offices, industrial plants, or in the home as housewives. Although Quakertown is thirty-five miles north of Philadelphia, it is in an area that has felt the influence of industrial decentralization. Manufacturing activities within a radius of ten or fifteen miles include such extremes as the casting of carillon bells to the production of specialized automotive parts.

Because of the open-type area and excellent roads in the Quakertown section, distance is less of a problem to the residents than is the case in large population centers. This, plus the natural attraction of the market, is one reason Doctor Gordon has grown accustomed to treating patients, whose homes are twenty miles distant and even across the Delaware River in New Jersey. In fact, several of his present patients visited his city office regularly when they lived in town, but now that they live in one of the northern suburbs, they find it more convenient to travel a few extra miles to the Quakertown Market office than battle the heavy traffic they would meet going to Doctor Gordon's city office.

Colleagues Drop In

Among the callers whom Doctor Gordon has come to expect from time to time at his Quakertown office are fellow practitioners, who while visiting the market are attracted by the DDS on his office door. Invariably they stop in for a short chat and express their surprise at finding him there surrounded by such complete facilities. Dentists from as far away as Massachusetts are now listed on his call book, and as might be expected, the "shop" talk invariably includes the question, "How do you handle the collection problem when treating so many patients who are complete strangers to you?"

Surprisingly enough, this has not been a problem at all. Those who go to the Quakertown Farmers Market do so for the purpose of making a few or a number of purchases and, therefore, have money in their pockets. Everything at the market is offered on a cash basis, but backed by the management's guarantee of immediate refund if the customer wishes. Thus, the market customers who are also dental patients accept the idea of cash payments for professional services without question, and while Doctor Gordon has not yet been called upon to make a refund, he probably would do so if it were an exceptional case, or if a matter of good will were involved. "That is a bridge," the dentist has remarked, "which I'll cross when and if I ever come to it."

In analyzing the contribution to dentistry made by his dental office at the market, Doctor Gordon lists two factors. One is the impulse decisions of those who have neglected

their dental health, and the other is a matter of convenience especially to mothers of young children.

The "dental delinquents" are men and women who probably complain to members of their families about their dental sufferings, but who resist the suggestion that they make an appointment with a neighborhood dentist. While at the market, they cannot fall back on the "don't have the time" excuse as they approach Doctor Gordon's door, and a son or daughter says, "There's a dentist's office. Why don't you go in?" An impulse decision frequently brings them inside. After the first few minutes in the chair, they are no longer a problem, and the suggestion that they return the following week usually is accepted without objection.

As to the young mothers, they find the market office a convenience, because they can keep an appointment while their husbands go elsewhere in the market to make purchases and at the same time care for the children they brought along.

Being a part-time farmers market dentist is unusual and different only until its operations are studied carefully. Then, the distinction between it and any other practice vanishes almost completely. The dental problems faced by Doctor Gordon at the Quakertown Farmers Market are the same as dentists must correct on Main Street or Fifth Avenue. He has simply taken his knowledge, skill, and equipment to those who are in need of them.

3841 *Aspen Street*
Philadelphia, Pennsylvania

DENTAL HEALTH PROGRAM FOR HANDICAPPED

ABILITIES INCORPORATED, a company which employs only physically handicapped men and women, has set up a company sponsored dental care program for the firm's 175 employees, according to Henry Viscardi, Junior, the founder and president of the West Hempstead, Long Island, organization. During a period of six weeks, dental students from the State University of New York, under the direction of Doctor Jerome Bloom, Abilities' director of dental services, and Doctor Joseph E. Luhan, head of the University's dental hygiene department, took "x-ray" pictures, gave prophylaxes, and made diagnostic evaluations of the dental problems of the plant's workers.

Using specially constructed dental chairs and equipment, the students carried on their dental services every Tuesday and Thursday until all employees had been checked. This will become an annual project of the State University's dental hygiene department. The students' findings were diagnosed by Doctor Bloom, and the necessary treatments are being given at the plant by him and other local dentists. Employees pay reduced dental fees comparable to rates set up by the Veterans Administration.—*Long Island (New York) Newsday.*

BEAT the DEAD BEATS

BY HAROLD J. ASHE

Author tells how you can avoid being victimized, and suggests what action to take should bills prove uncollectible.

IN THE course of a professional lifetime, most dentists pay substantial tribute to an army of deadbeats who are eager for a dishonest dollar in the form of unpaid professional services. These scamps succeed in their credit frauds largely because their victims permit them to do so by default.

Unlike businessmen, dentists are likely to look upon uncollectible accounts receivable as an occupational hazard of the profession. So conditioned, dentists are inclined to write off these accounts after making only a superficial attempt at collection. Every time one of these accounts is written off as a bad debt, a dentist makes himself a little poorer, while enriching a thankless patient.

It is a sad commentary on dentists generally that their own failure to enforce collections invites bad debts and credit losses, increasing the attitude among laymen that dentists should be the last to be paid, if at all.

Not infrequently, *bad debts which are written off represent as much as five to ten per cent or more of a dentist's net earnings.* These losses may mean the difference between setting aside savings for a comfortable old age or continuing in harness indefinitely.

The impact of bad debts on a

dental practice is usually lost sight of in total gross receipts. If uncollectible accounts receivable average five per cent, a dentist may dismiss such losses as being of little consequence. However, if half a dentist's anticipated receipts are absorbed by overhead, materials and supplies, this 5 per cent loss represents a reduction in his earnings of 10 per cent. Stated another way, collection of these accounts will increase net earnings by 11 per cent. Any circumstance which reduces a dentist's realizable net earnings by 10 per cent should be of primary professional importance.

What do bad debt losses mean to a dentist during his professional career? If a dentist does a large credit business, *his bad debt losses in the aggregate may total more than he is worth at the time of his retirement.*

By the time his professional career comes to a close, the bad debts written off may represent the equivalent of several years of practice without any pay whatsoever for his services.

Consider a fairly successful practice, in which over a period of 30 years, a dentist writes off an average of $250 a year in bad debts, or a total of $7,500. If these debts had been collected and had been invested at 4 per cent interest, with annual compounding of interest, such accounts receivable would build an estate of over $14,000 at the end of 30 years. This is a tidy reward for firmly insisting all patients pay their bills in full.

Bad debts originate from two circumstances:

1. Failure to investigate carefully patients asking for credit.
2. Failure to press collections with every legal agency available.

In granting credit, a dentist invites deadbeats to victimize him if he fails to enforce collection. Word soon gets around that he is a soft touch, and bad debts already on his books beget more debts.

Unless dentists wish to go through a lifetime, being victimized periodically by unscrupulous patients, they should familiarize themselves with every collection device at their disposal. A dentist should not only know what his legal rights are, but when and how to enforce them once a decision is made.

The moment that orthodox dunning techniques fail, a dentist should know what legal action is available to him either personally or through an agent. Distasteful as it may be, in some instances a dentist may elect to act directly himself, rather than delegate authority. In fact, there is more than a suspicion that dentists sustain heavy credit losses because of this professional reluctance to protect themselves. Certainly few businessmen tolerate the bad debt losses, which are all too common among dentists and other professional people.

Threat of court action may be sufficient in some instances to effect collection. In other cases, a

dentist or his agent may be obliged to go through with court action and be prepared to follow up on a judgment.

Small Claims Court: Many states have small claims courts in which both plaintiff and defendant appear without an attorney. The small claims court has been styled "the poor man's court" because the cost of litigation is negligible, there being no attorney's fees and only nominal filing costs. Actions in small claims courts are limited to stated maximums. Some states permit action up to only $35, while others have a $100 ceiling. In other states, justice courts sit in actions involving smaller sums of money.

Experienced creditors utilizing the small claims courts make a practice of having several cases at one court session. This means a minimum loss of time for the plaintiff. Many judgments are entered by default because of nonappearance of defendants.

Enforcing Judgment: Enforcing judgment is the responsibility of a sheriff or his civil deputy or other officer. However, unless property is readily exposed to attachment, satisfying judgment may depend largely upon the vigilance of a dentist himself. He should try to learn what a debtor owns, which can be attached. (It may be wise to have this information before starting action.) If a debtor works for wages or salary, and his place of employment is known, his pay check may be subject to garnishment.

Sometimes, a creditor may resort to a subterfuge to enforce judgment. In one case, a creditor persuaded a friend, a businessman, to order some goods from a deadbeat. This property had been sequestered, defying attachment. When the goods were delivered and cash was paid, a marshal was present to witness the transaction and seize the cash paid the defendant.

Statute of Limitations: Debts eventually become uncollectible in law by the statute of limitations. Many creditors lose their right to enforce collection by allowing the time to run out before bringing action. The length of time in which the statute prevails varies from state to state. The length of time also varies depending upon the nature of the indebtedness. In the case of open accounts, the statute of limitations ranges from two years to eight years, with most states having a limit of three to six years. Court judgments run for a period of four years in some states and as much as twenty-one years in others. Judgment may be renewed when the initial judgment is about to run out.

A good many bad debts are written off because creditors are not aware of the fact that the statute of limitations stops running when a debtor leaves the state. The statute does not start running again until the debtor returns to the jurisdiction he has left earlier and is

again subject to the law in his state.

During and since the war, many debtors have moved beyond the reach of creditors, only to return again. This is worth investigating by those dentists having on their books bad debts of patients who have passed back and forth across state lines. Certain debts which may be older than the statute of limitations may still be subject to legal action in that debtors have been absent from the state and this has extended the time in which legal action may be taken.

Examples: A patient immediately after contracting a dental bill leaves the state. The statute of limitations is five years. The debtor is away six years and returns. The statute still has five years to run from the time of the debtor's return—not from the date the bill was incurred.

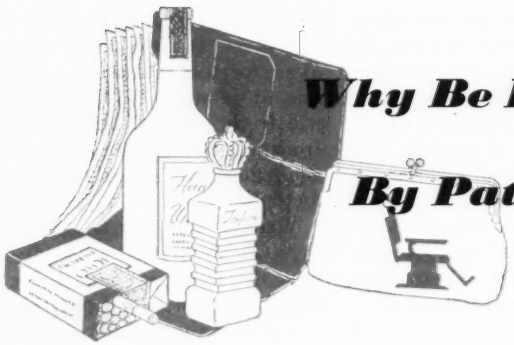
Deadbeats, depending upon the statute of limitations as a defense, should not be forewarned of this qualification. They should learn of this legal quirk only when the judgment is rendered. Unless aware of the importance of this line of inquiry, most defendants will freely establish their absence from the state. By their own admission, they will renew the life of the indebtedness.

Whether a dentist is victimized by a large number of deadbeats over the years, or beats them at their own game, will depend largely on his attitude toward accumulating uncollectible accounts receivable and his determination to reduce them. If he so wills it, a dentist can have his day in court (by proxy or otherwise). If enough money is involved in uncollectible accounts, it may be a far more profitable day than any he may ever spend in his office pursuing his professional duties.

P.O. Drawer 307
Beaumont, California

THE COVER

THIS MONTH'S cover photograph shows spillway dam at Bonneville Dam, located in the main channel of the Columbia River, east of Portland, Oregon, city that will be host to the Oregon State Dental Association March 5 to 7. The annual meeting of the association will be held in the Masonic Temple. Visitors will have an opportunity to learn firsthand the importance of the Bonneville Dam project, which consists of a powerhouse, navigation lock and fishways, in addition to the spillway dam, and was built at a cost of approximately 100 million dollars under the supervision of the War Department, United States Army engineers. For detailed information about the Oregon dental meeting, please write to: Doctor Thomas D. Holder, Secretary, Selling Building, Portland, Oregon. *Photograph courtesy of Portland Chamber of Commerce.*



Why Be Bullied By Patients?

BY BERNARD W. KOPPEL, DMD

How OFTEN have you sat at your office desk because a patient had indifferently forgotten an hour's appointment?

Have you then asked yourself who is actually at fault in these aggravating circumstances—you or the patient? After thirty years of giving my best to dentistry, I am firmly of the opinion that the fault in most cases lies not at our doorsteps, but is to be attributed to the patients.

Our background of training prepares us for the medical and mechanical aspects of dentistry. We operate on our patients as God would desire it—we practice and prepare each patient for the skilled workmanship that we would accept for our own mouths. These are the unflinching standards of practice to which we adhere. We would have it no other way.

However, my colleagues, there is no doubt many of us are being bullied by patients, politicians, our friends, and relatives. A recent Boston newspaper article stressed the fact that over ninety per cent of the grievances and inequities are the result of acts by relatives and intimate friends. In dentistry, this theory likewise holds true. To give good service and to be well paid for it is your due, and that is the way it should be.

But why are we bullied so many times into free service, which in time mounts up to nervous tension? The charity and free-loader patient sense this. Too often, they make a determined effort to harm your practice in a manner that no one else can. Be well remunerated for your services, for there is no more exacting labor than that of the conscientious dentist.

In January 1952, ORAL HYGIENE published a revealing article WHY

Boston dentist recommends that dentists be more business-like in their collections.

PATIENTS DESERT DENTISTS by Doctor C. W. Garleb. The article pointed out that patients retreat and leave their dentist for unwarranted reasons. Also, it was proved by another prominent dentist that 75 per cent of the patients shift around every two or three years. Do not waste one iota of worry on these departed souls, especially the free-loaders. The poor, we feel, are entitled to some form of free service, but that should be worked out by society.

Free clinics, free school dentistry, free hospital dentistry, and so it goes, ad infinitum. What a racket, we howl! Will they try to move in with socialized dentistry? We must ask ourselves, as we are bound to, just why are we giving away such treatments and labor? This service is then expected to be on the free list, and the government might say, "It is time to take over the dental group. Let us run their job for them."

This is not mercenary—but where on earth can one obtain the services of a plumber, carpenter, watch-maker, or other skilled worker, for nothing? Do dentists as a group live in those $50,000 residences in our town? No—these are inhabited by the people who make certain they are well paid for their business efforts.

When one reads that nearly six billion is being spent annually for tobacco, nine billion for liquors, plus vast expenditures for cosmetics and movies, he agrees that the figures are astronomical. Who shares in this annual spending spree? None other than the same persons who thoughtlessly cry that dentists' fees are exorbitant. Sad to relate, only one and a quarter billion is left in American dental offices annually, whereas rightfully it should stack up higher with these figures for luxury outlay. These same people will not forego any luxuries that may interfere with their tastes and comforts. Then again, thumbing through the profit and loss sheets, we find too many losses in money owed us. Tighten up with the credit for your own well being. It follows that a well paid dentist can afford to give a better grade of service.

Hold no grudge against your fellow competitors, feel that you fear no competition. Give your unstinted praise to the busy, well remunerated confrere who in always charging fair fees so upholds dental prestige. Do not be bullied by newspapers, which occasionally take snide shots at us because we do not advertise. Do not be bullied by the free magazines, such as utility and automobile pamphlets, which find their way into your office. Do yourself a big favor and dispose of them immediately. Indeed, they are the worst competitors that you contend with, along

with the newspapers and television. Naturally this competition would like you to display their varied printed messages in your reception room. By scanning them, the patients can learn what is new on the installment plan. Millions are lost to us by ballyhooing the advertising matter of luxury merchandise.

Twenty years ago this writer vowed that the only reading matter that would appear in his reception room would be those periodicals that stressed and taught good health, good living, and education of the public on the value of good health through sound teeth. I came to this decision when a patient deliberately refrained from continuing dental treatment, so as to set aside the money to acquire a gas stove she had by chance read about in a free utility magazine, which she saw in my reception room. Through the years, confrere, you will benefit your practice if you clear your patients' reading matter of the down-payment category.

Do not be bullied into buying material, which you do not actually need. But rather keep investing in the truly valuable dental equipment, which is so vital for success. Your six to eight years in college are a sizable cost in money and time, plus ten thousand dollars spent to equip a modern office, in a good location, with no mercy from the landlord. Dentistry is a continued study that goes on forever, so that you may keep abreast of new developments. Let me ask, "Is this conducive to free dentistry on any level? Why not more business study?"

Dentists pay the layman for quick courses in business procedure. Why can't we arrange to get efficient businessmen, who would willingly help in that direction? Yes, why not a more complete business discussion at our dental conventions? When the dentists stop groping in the dark—only then will a better physical, financial and mental attitude prevail throughout the profession.

80 *Boylston Street*
Boston, Massachusetts

HOW'S YOUR HEALTH?

THE NONMEDICAL practitioner for whom there seems to be universal respect is the dentist: Forty per cent of surveyed physicians see their dentists regularly twice a year; most of the rest see theirs at least annually.[1]

They give the impression, in fact, of valuing their teeth more than their torsos. The typical physician of those queried has his last *physical* examination a full two years ago; and he admits he would not have had it then if he had not been applying for life insurance.

Nearly 25 per cent of the physicians have not been checked over for more than five years. And the last examination for at least one man was a long twenty-two years ago.—*Medical Economics, Oradell, New Jersey.*

[1]Survey of the private life of 15,000 physicians of the United States in a series of nation-wide polls conducted by *Medical Economics* in 1955.

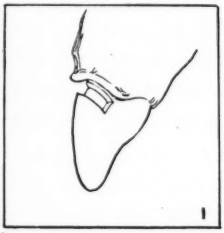
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

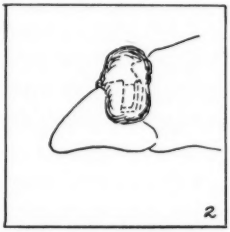
Quick and Accurate Impression for Gingival Inlay

BY H. D. ROBINSON, DDS

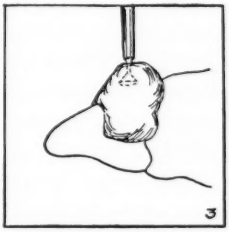
Drawings by Dorothy Sterling



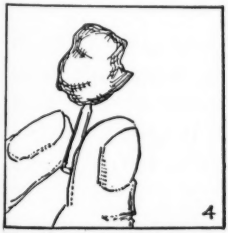
Prepare the tooth in the usual manner, with gingival margin of preparation extending slightly beneath the free gingiva.



Tilt patient's head so that plaster may be piled high on preparation. Fill cavity with a smooth creamy mix of plaster, working it well under the gum margin with finger and piling it to about 10 mm.



While the mix is still soft, insert a discarded inverted-cone bur into the plaster mass, holding it in place until the plaster sets.

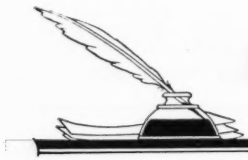


The bur shank forms a handle to facilitate the removal and handling of the impression.

Note to Contributors

We invite dentists to submit material for this page. $10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh 22, Pennsylvania



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE FINANCIAL RETURNS FROM DENTAL PRACTICE

A DENTIST who kept careful lifetime records of his business affairs reports a gross income of $406,550 from 32 years in dental practice. From this amount he had $188,000 as take-home pay, which is less than $6000 a year net income. The net income varied from the low of $1553 during the depression year 1933 to near $18,000 during the years following World War II.

The major fluctuation in the national economy, with the boom and bust of the wild stock market speculation and crash, is reflected in the lower income of the period 1923-1941 as compared with the income of the inflation years 1941-1955.Once again the records of this dentist demonstrate that the economic welfare of the dental profession is tied to the economic health of the Nation. In periods of depression, falling prices, unemployment, lower standards of living, the dentist suffers as do all other members of society. And he profits when the Nation enjoys favorable economic health.

During his productive lifetime in practice this dentist paid $57,000 in income tax on an average of about $150 a month. In the early years when taxes were low the amount would be considerably less than $150 a month while, in the years following World War II when he had an income of almost $18,000 a year, he was paying $500 or $600 in income tax each month.

It is impossible to get a clear picture of our financial status by merely considering how much business we do a year. Gross income may be impressive to our ego, but the two factors of expense and taxes must be

constantly considered before we are too pleased with our economic status. Many dentists are now *handling* more money than they ever did as represented in gross income. They are paying out greater amounts in rent, salaries, and other forms of expense. They are also making heavy income tax payments. At the end of the year many of them find that they have little to show for their work.

A remarkable fact in the experience of this dentist is that, out of his modest average net income of less than $6000 a year, he was able to create an estate from which he now receives $7500 a year retirement income. This represents about 4 per cent income from the *total* of his lifetime take-home income—a spectacular achievement.

The money accumulated by this dentist was placed in annuities and common stocks with both growth and income possibilities. As in the case of all annuitants the "hard" money of 100 cents on the dollar was used to pay the premiums, which are now being paid out in "soft" money of 50 cents on the dollar in the form of benefits. This is an inherent weakness in any annuity contract and one that is never mentioned by insurance companies. The tax advantage from annuity income, however, must be considered as a favorable aspect of this form of savings.

The dentist who wisely bought common stocks in the large American corporations has profited from growth in values, stock divisions, and high dividend yields over the past 20 years. There are still profits to be made in an expanding economy.

The prudence, the planning, and the good sense of this dentist who could retire on $7500 a year from an average net income of less than $6000 a year over 32 years should be an inspiration to every dentist who is struggling with his current financial problems and is concerned about his retirement years. The fact to remember is: *you can never begin your savings program too soon.*

Edward J. Ryan

Dentists in the NEWS

Chicago (Illinois) Tribune: Doctor Vida A. Latham, a 90-year-old dentist and physician, and a 17 year-old student were honored as the oldest and youngest members of the Illinois State Microscopical Society at the 87th anniversary meeting of the organization. Doctor Latham who still practices at 1644 Morse Avenue, was honored because of her sixty-five years of membership with the society and her service as its corresponding secretary. The student, Marshal Nelson, of the University of Illinois, was recognized for his invention of a major improvement for the micromanipulator, an attachment for handling minute items under a microscope.

Topeka (Kansas) Capital: The Navy has announced a plan to save $160,000 a year by cutting the amount of water wasted during dental treatments. The savings which are expected to amount to $44 for every land-based dental unit and $260 for ship units, were made possible by a special valve for dental chairs invented by Commander William N. Gallagher of the Dental Naval School in Washington. The valve, which will cost about $12 to construct, will be attached to all dental chairs and control the water flowing into the cuspidor. Water will be used only when it is needed instead of running continuously.

New York (New York) Times: Lieutenant Colonel George G. Trattner has been elected president of the Metropolitan New York Chapter of the Association of Military Surgeons. He is the first dentist to be chosen for the post. The election took place at a dinner meeting of the Officers' Club on Governor's Island. Major General James P. Cooney, Deputy Surgeon General of the Army, was guest of honor.

Long Beach (California) Independent: As a result of a book called WEIMARANER AFIELD written by Doctor Richard Street, a dog of this breed has been presented to President Eisenhower by the California dentist.

Brigadier General Arthur S. Nevins, an aide to the President who handles some of the Eisenhower affairs at the President's farm in Gettysburg, Pennsylvania, saw the serialized book in a magazine devoted to dogs of this breed and wrote to Doctor Street offering to buy one of them. Doctor Street answered immediately and offered a Weimaraner puppy as a present. Eisenhower is to select the name for the dog, which was one of a litter of five born to a dog called Gretchen belonging to Doctor Street.

Detroit (Michigan) News: When coin collectors of the central states area convened for the 13th annual exhibit and sale of the Central Numismatic Society, the center of attention was a 65-year-old retired Royal Oak dentist, Doctor Frank A. Limpert who has been collecting coins since he was 11 years old. He is considered one of the country's leading authorities on paper money. Recently he published a comprehensive book entitled UNITED STATES PAPER MONEY OLD SERIES. Doctor Limpert has a sizable collection containing rare and unusual

bills, and twenty showcases with his best specimens were displayed at the convention in Detroit's Statler Hotel.

To write his book Doctor Limpert had to request approval from the Secret Service because it contains many engravings of paper money accompanied by a brief history of the series and the men pictured on the bills.

"Coin collecting," said Doctor Limpert, "is one of the world's most satisfying hobbies. It can also be one of the most profitable. For youngsters starting the hobby it makes history one of the easiest subjects in school. You can't collect a coin or bill and see the picture or date on it without wanting to find out more about that era in history."

Huron (South Dakota) Huronite: One of the oldest practicing dentists in South Dakota has celebrated his 89th birthday and still works a regular schedule. "You might say I am on a 24-hour schedule. Some of the severest toothaches occur on Sundays, holidays and in the middle of the night," Doctor John Jewett Hall of DeSmet said. Doctor and Mrs. Hall returned late last year from a 3,000 mile automobile trip to their daughter's home in Norfolk, Virginia. Doctor Hall drove the entire trip.

Detroit (Michigan) Free Press: Mrs. Peter Hoogerhyde is glad she finally opened a letter that appeared to be an advertising circular and that had been around her home in Pontiac for several days. It was a letter advising her husband, a dentist, that he had won 319 pounds, 3 shillings and 4 pence in the Irish Sweepstakes lottery. Doctor Hoogerhyde recalled buying the ticket for $3 several months ago. The letter bore an Irish stamp and the printing on it was in Gaelic.

Long Island (New York) Newsday: Doctor and Mrs. Robert E. Lee, both successful dentists for the last nine years, have sold their home at 489 Madison Street and sailed with their two children for the Gold Coast of West Africa where dentists as well as technicians of all kinds are urgently needed. Doctor Lee, who is a native of Charleston, South Carolina, said their decision to abandon their practices was not made on the spur of the moment.

"We both feel a moral obligation to go with our technical skill to this country which is struggling for its independence and which needs our assistance," Mrs. Lee said.

Doctor Lee became convinced that they had a job to do in the British Colony in 1953 when, after a two-year stint in the Army Dental Corps as a captain, he flew to the Gold Coast to get a first-hand look at the country. But they have not planned merely to open an office and wait for patients to come to them. They took with them a specially designed trailer to serve as a mobile dental office with facilities for modern conveniences, including electricity and water.

Akron (Ohio) Beacon Journal: One of the city's veteran dentists still highly active despite a leg amputation, has added an absorbing hobby to his list. Doctor Louis Carabelli, 640 North Main Street, once an all-Ohio football star, happened to attend a showing of Walt Disney's movie, Davy Crockett, with his young daughter, Nancy. The scene where Davy and a companion who were hunting Indians in the swamps and decided to have as a signal between them the whistle of the Tennessee thrush gave him an idea. He decided to make Davy Crockett whistles for children that would have the real thrush whistle. As a result Doctor Carabelli is today the inventor of a new plastic Davy Crockett whistle and heads the Akron company called the F & C, Inc. of Akron. The initial "F" is that of a friend who is also in the company but wishes to remain anonymous. Britton Products Company of Cuyahoga Falls is now producing the gay-colored Tennessee thrushes.

"People may laugh at my hobby but anyone who has had an amputation will know that the worst part is overcoming your mental condition afterwards. I thank the surgeon, who removed my leg as a result of diabetes, for this advice that he gave me: 'You will be a better man than you ever were if you will just get out and do things.' "

St. Louis (Missouri) Post Dispatch: Doctor Otto Freitag, vice dean of St. Louis University School of Dentistry, at a testimonial dinner given by the alumni of the school, was presented with a check for $1,000 in recognition of his service as a faculty member of the school for more than thirty-five years. He has served as vice dean since 1936.

Three stars of the St. Louis Cardinals were on hand to honor Doctor Freitag who is an ardent sports fan. Stan Musial presented him with a bat, Red Schoendienst handed him a baseball glove, and pitcher Tom Poholsky gave him a baseball.

Indianapolis (Indiana) Star: An Indiana dentist and letter writer extraordinary, Doctor Seth Shields of Seymour, is the author of a smile-provoking book BREVITY IS THE SOUL! which came off the press last November. It includes letters, short stories and a number of his articles which have appeared in ORAL HYGIENE over the years. In New York a publisher has announced the book HOW TO FREE YOURSELF FROM NERVOUS TENSION under the authorship of Samuel W. Gutwirth, a dentist of 355 West 79th Street, Chicago.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Everett Frye, 1145 Griswold, Detroit, Michigan
Theodore Katz, DDS, 2802 Grand Concourse, New York 58, New York
Mrs. Clara Lurie, 106 Highland Avenue, Yonkers, New York
Mrs. D. L. Bowman, Quinter, Kansas
Mrs. Ira Woehl, 500½ West Oak, Pierre, South Dakota
Miss Grave G. Fackler, 619 Euclid Avenue, Willard, Ohio
Mrs. Pauline Walters, Route No. 1, New Ross, Indiana
A. W. Monat, 53 Dollard Drive, Babylon, New York
Paul D. Kalstein, DDS, 1126 Medical Arts Building, Philadelphia, Pennsylvania
Mrs. G. H. Heginbottom, Weldon Springs, Missouri
Mrs. Thomas Boggio, 3003 North 47th Street, Kansas City 4, Kansas
Miss Vera Davis, 536 Orange Avenue, Long Beach 1, California
Henry Fischer, DDS, 111 East 167th Street, Bronx 2, New York
Albert J. Bertoneau, 1514 Erato Street, New Orleans 13, Louisiana
Bea Burnett, 3713 Newhouse Street, Houston, Texas
Stanley M. Trattler, 60 East 42nd Street, New York 17, New York
M. L. Thomson, 5611 South Wood Street, Chicago 36, Illinois

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* we will send promptly a crisp new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be *acknowledged or returned.* When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Johnnie will certainly lose his self-confidence — and much more — if his balancing act gets out of balance.

And, novice denture patients can lose their self-confidence too, if you don't take practical steps to protect them against the "accidents" that so often occur during the adaptation period with any new denture.

Wernet's Powder can give them just that extra degree of retention and stability that may change annoyingly "difficult" patients to really "successful" ones—particularly in the presence of anatomical or psychological difficulties. They'll gain not only self-confidence, but comfort, too—for the soft, resilient cushion provided by Wernet's Powder eases the unaccustomed pressure on tender tissues.

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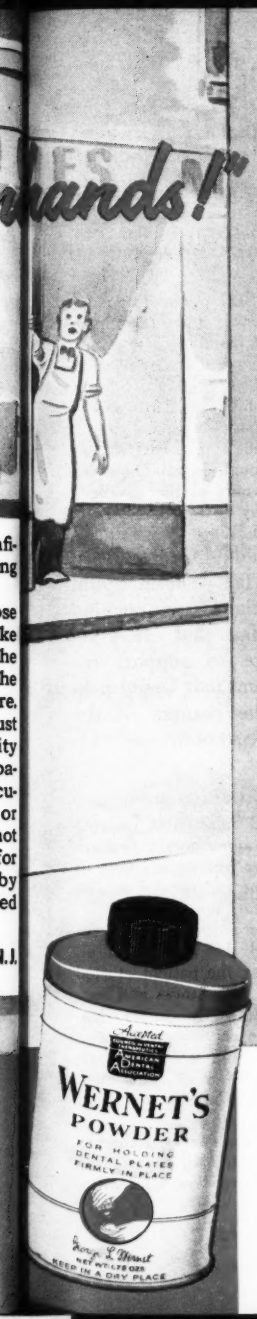

WERNET DENTAL LORE

FEBRUARY, 1956

During the 19th century, a lively traffic developed in human teeth, which for prosthetic purposes were highly preferred to those carved from animal sources or from mother of pearl. The paradox of selling one's teeth to have something to eat led to such situations as the one in "Les Misérables", in which an impoverished girl exchanges two incisors for two gold napoleons . . . or the one described by Fauchard, in which an Army officer had a molar removed from the mouth of a private, for transplantation to his own.

• • •

While the "Zene Artzney" of 1532 was the first dental text in the vernacular for practitioners, Walter Hermann Ryff's "Nützlicher Bericht" (Strassburg, 1544) with its "further instructions in the way of keeping the mouth fresh, the teeth clean and the gums firm," was the first publication for the layman on the care of the teeth. It was actually a publicity piece, and the forerunner of many similar pamphlets with which dentists advertised their skill during the following centuries.

• • •

In 1834, a well-known German dentist C. J. Linderer gave the first description of a modern "inlay." To fill most cavities, he would screw in a bit of walrus tusk . . . but if the cavity were too small to permit cutting a screw thread, he would take an impression, carve a piece of tusk to shape, and cement it in position.

• • •

In the furore a hundred years ago over the possibilities of dental anesthesia, many strange techniques were advocated. Dr. David Livingstone's report of the numbing effect induced by being thoroughly shaken up by a lion prompted one speaker before the Odontological Society of New York in 1874 to demonstrate how he could hypnotize a patient with mechanical vibrations, by employing the rapid pulsations of an electromagnetic hammer.

• • •

In India, the tradition of serious attention to oral problems goes back many centuries. For instance, Chinese pilgrims visiting India in 630 to 645 A.D. reported the meticulous use of willow sticks and mouth washing after eating. Today, modern India serves this tradition in other ways, too . . . by the provision of Gum karaya, the basic ingredient of Wernet's Powder.

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Dept. 36-B

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Swelling of Gingiva

Q.—A woman patient, 45, presented herself with a little swelling and slightly red appearance on the upper right palatal side along the first and second molars; it was shiny and painful even without touching it. There was nothing wrong with any of the molars.

Please give me the cause, diagnosis, treatment and prognosis, if possible.—T. M. T., New York.

A.—This is in reply to your letter in which you describe a slight edema of the gingiva on the lingual aspect of the right maxillary first and second molars.

Such a swelling is usually due to periodontal disease, apparently a periodontitis. This means that probably there are calcareous deposits under the gingival margins with a loss of the crests of the alveolar bone. However, if I might see good roentgenograms of the involved region, I could give a better diagnosis. If I am right, subgingival curettage probably will clear up the condition. And, doubtless, there is involvement of other regions of the mouth, even though there is not presently noticeable swelling of the gingivae.—C. R. WARNER.

Sores at Corners of Mouth

Q.—One of my patients is a physician who is wearing upper and lower partial dentures. He has had considerable discomfort with soreness and cracking at the corners of his mouth.

We have checked his diet, and there does not seem to be a vitamin deficiency of any sort. The bite is slightly closed with a freeway space of about 6 mm.; however, it does not appear that we can open the bite enough to eliminate the folding at the corners of the mouth.

Do you have any suggestions regarding this case?—H. W. J., Wisconsin.

A.—You could simply make a diagnostic acrylic occlusal splint for this physician, thus opening the bite somewhat, and extending a buccal flange to support his cheeks, an amount that would help the sores at the corners of the mouth.—V. C. SMEDLEY.

Denture Causes Constriction

Q.—In May 1953 I made and inserted an immediate full upper acrylic denture and a partial lower lingual bar case of stainless steel frame and acrylic saddles for a woman patient, age 50.

Both cases were comfortable for about a year, and she wore them all the time. Last year the patient started to complain about a tightness and constricted feeling under the upper denture. I relieved the occlusion and pressure areas due to setting, but this afforded only temporary relief. The lower case is still fine, and she wears it all the time.

The patient says she can wear the upper case all day about two days of the week. On the other five days, after wear-

MOIST or DRY

JECTRON

POLYSTYRENE DENTURES

never shrink, warp or water-swell!

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Created through
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Ordinary denture resins shrink or swell when they absorb or lose water. Only JECTRON polystyrene resin is immune to these damaging changes of form. That is just one of many reasons why JECTRON dentures fit better, far longer, than any other.

FREE BOOKLET SHOWS REASONS WHY JECTRON FITS BETTER

For the complete, eye-opening Jectron story, ask your laboratory for the 20-page illustrated report entitled "Jectron —key to a more successful denture service." Or write "Jectron Report" on your card or letterhead and mail direct to Jectron Company, 1009 Jackson Street, Toledo 1, Ohio.

Jectron is not an acrylic . . . it is pre-cured polystyrene specially compounded for dentures

ing it for a few hours, the gingivae swell and she has difficulty taking the case out of her mouth. On removing the denture, she gets immediate relief from the pressure and finds herself taking the denture in and out of her mouth all day long.

I saw the patient last week during one of her so-called bad days when she could not keep the case in for any length of time. The gingival tissue looked fairly normal to me both in shape and color, and the denture slipped in and out of her mouth quite readily.

She has been to her physician for a physical check-up, and she is in apparent good health. He gave her vitamin B_{12} injections for a few weeks with no apparent alleviation of her gingival symptoms. There may be a systemic factor related to her menopause period. At present she is not taking medication of any kind.

I am planning to make the patient a new upper denture.

Any suggestions you may have to relieve the patient of the tight or constricted feeling of the upper denture will be appreciated.—H. K. B., New York.

A.—When you make your impression for this patient's new upper denture, be sure to have her go without the old denture for two or three days before you make the new impression so that the tissue will come to as near normal as possible; then make an impression without displacement of tissue.

Then try to provide a balanced functional occlusion that will permit the denture to remain stable in the mouth in one position.

Also it is well to provide a smooth polished surface over the tissue bearing area. And in testing the denture bearing area for uniformity of tissue contact, use disclosing wax in accordance with the directions that accompany it.—V. C. SMEDLEY.

Premedication for Surgery

Q.—In the matter of premedication for surgery or analgesia, I have been informed that a barbiturate given intramuscularly along with atropine is advantageous.

In your opinion, what barbiturate would you recommend and what dosage would be required? Could the dosage be increased to carry the patient into anesthesia stages?

If you have any further information regarding the subject of premedication and analgesia, would you kindly send it to me?—H. F. K., Missouri.

A.—I have neither read of nor had any experience in the parenteral use of barbiturates and atropine for premedication for surgery or analgesia. Should I be considering such a treatment for a given patient, I would consult the patient's physician.

As you know, pentothal sodium is a barbiturate and is used intravenously as a general anesthetic.

Pentothal sodium is also used by mouth; dose as a hypnotic, 1½ grains; dose as a preanesthetic sedative, 3 grains.

Nembutal, with which you probably are familiar, is a pentobarbital sodium.—G. R. WARNER.

Repairing Broken Dentures

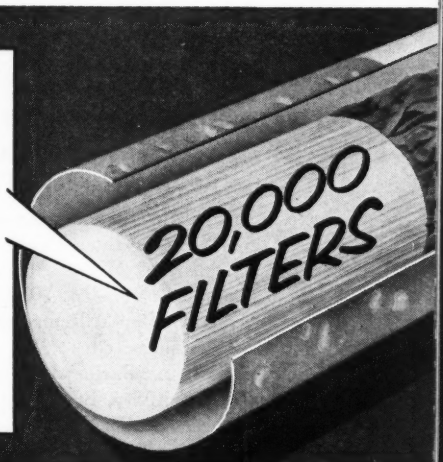
Q.—I have been using quick-setting acrylic for repairing broken dentures. However, I find that in repairing a palatal break, the quick-setting liquid

What makes Viceroy different from other filter cigarettes?

ONLY VICEROY GIVES YOU THAT FRESH, CLEAN, REAL TOBACCO TASTE BECAUSE VICEROY HAS

Twice As Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS!



The VICEROY filter tip contains 20,000 tiny filters made exclusively from pure cellulose . . . soft, snow-white, natural. This is twice as many filters as the other two largest-selling filter brands.

That is why VICEROY gives you such a fresh, clean taste—that *real tobacco taste* you miss in other filter brands. No wonder so many dentists now smoke and recommend King-Size VICEROYS.

If it's Viceroy you can tell the difference blindfolded!

King-Size Filter Tip **VICEROY**

and powder tend to get under the poured cast and on the palatal surface of the denture. Is there any way to prevent this? I have tried tin foil, but it does not help.—J. A. H., New Jersey.

A.—My technician tells me that in using quick-setting acrylic for repairs, he burnishes a strip of tin foil over the fracture and fastens it to the denture with Le Page's mucilage. After the cast is poured, flasked and separated, he burs the acrylic back from both sides of the fracture until it is paper thin at the fracture, using care not to penetrate or tear the tin foil. He then applies the acrylic in paste form, closes the flask, and cures it under pressure.—V. C. SMEDLEY.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CXXXVII

(See page 175 for questions)

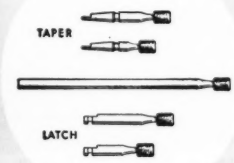
1. No. (Sarnat, B. G., and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, page 30)
2. True. (Archer, H. W.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Company, 1952, page 112)
3. (a). (Accepted Dental Remedies, 20th Ed., American Dental Association, 1955, page 18)
4. No. (Slack, G. L.: Bacteriology of Infected Root Canals and in Vitro Penicillin Sensitivity, Brit. Dent. J. **95**:212 [November 3] 1953)
5. (b). (Sicher, Harry: Problems of Pain in Dentistry, Oral Surgery, Oral Medicine and Oral Pathology **7**:152 [February] 1954)
6. No. (Crawford, W. H., and Larson, J. H.: Dental Restorative Materials, J. of Dent. Research **33**:420 [June] 1954)
7. (b) (Bunting, R. W.: Oral Hygiene and Preventive Dentistry, Philadelphia, Lea & Febiger, 1950, page 49)
8. True. (Editorial, Dent. Dig. **60**:509 [November] 1954)
9. (b). Meklas, J. F.: Dangers of Scattered Radiation in Dental Practice, JADA **49**:1952 [August] 1954)
10. No. (Steinman, R. R.: Warpage Produced by Soldering with Dental Solders and Gold Alloys, J. of Prosthetic Dent. **4**:391 [May] 1954)

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

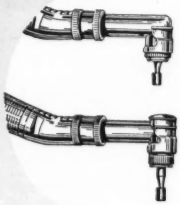
The right club makes for a better score

The golf professional (or even the advanced amateur) has an adequate selection of clubs from which to choose and knows just which one is best for any given shot. DENSCO'S complete operative equipment can improve your score in dentistry by reducing operating time and enabling you to work with less fatigue and greater comfort to the patient.



Only DENSCO Blu-White Diamond Instruments are available in all five types of shank. Since DENSCO also makes the corresponding handpieces, perfect fit and performance are ensured.

Cylinders, inverted cones (and many other shapes) are supplied in two lengths of head—long and short — giving a greater flexibility.



Densco Contra Angles (standard or miniature head), together with the variation in instrument shapes, sizes and shanks affords maximum accessibility to all operating areas.

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LAFFODONTIA

Voice from rear seat of taxi: "I say, driver, what's the idea in stopping?"

Driver: "I thought I heard someone tell me to."

Rear Seat: "Drive on. She wasn't talking to you."

★

Captain: "Now, suppose you are on duty one very dark night. Suddenly a person appears from behind and wraps two arms around you so that you can't use your rifle. What would you say?"

Cadet: "Let go, honey!"

★

Here's a list of towns with odd names, which with the abbreviation of their states, make interesting combinations:

Ash, Kan.; Carpet, Tex.; Mount, Wash.; Ogoo, Ga.; Odear, Me.; Skeleton, Ky.; Shoo, Fla.; Kay, O.; Houdy, Miss.; Fiven, Tenn.

★

To a dissipated looking friend after a riotious night: "You're looking good, pal. Who's your embalmer?"

★

Middle age is when a man stops wondering how he can dodge temptation and starts wondering if he's missing any.

"How many brothers have you?"

"Only one!"

"Somebody's lying. Your sister told me *she* had two."

★

According to latest reports, there are more women under arms in Russia than in any other country in the world—except the United States on Saturday night.

★

The hardest time to get the baby to sleep is when she is eighteen years old.

★

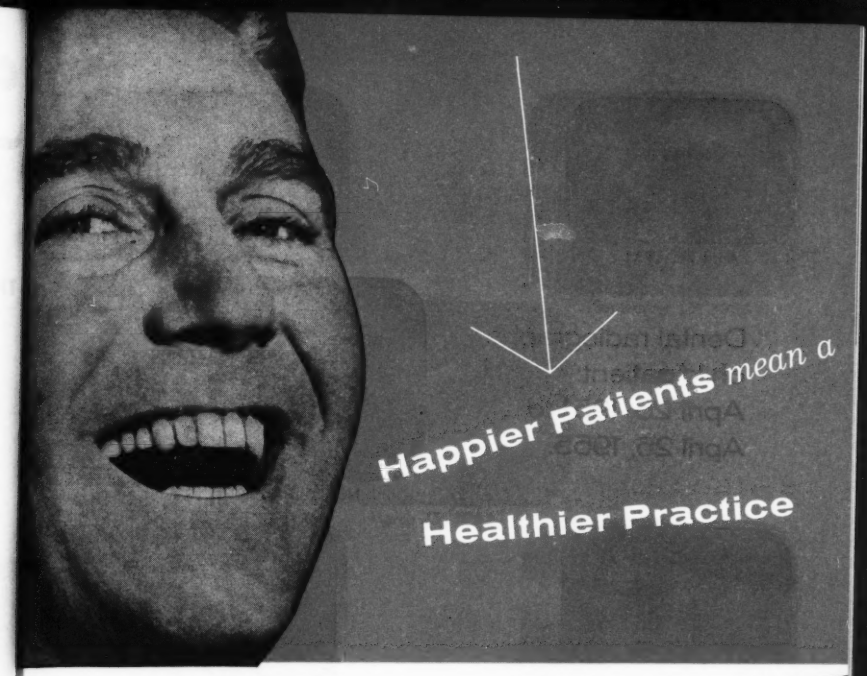
A Frenchman was relating his experiences of studying the English language. He said: "When I first discovered that if I was quick, I was fast, that if I was tied I was fast, if I spent too freely I was fast, and that not to eat was to fast, I was discouraged. But when I came across the sentence, 'The first one won one-dollar prize' I gave up learning the English language."

★

Doctor: "Have you been leading a normal life?"

Patient: "Yes, Doctor."

Doctor: "Then you'll have to give up women and whiskey for a few months."



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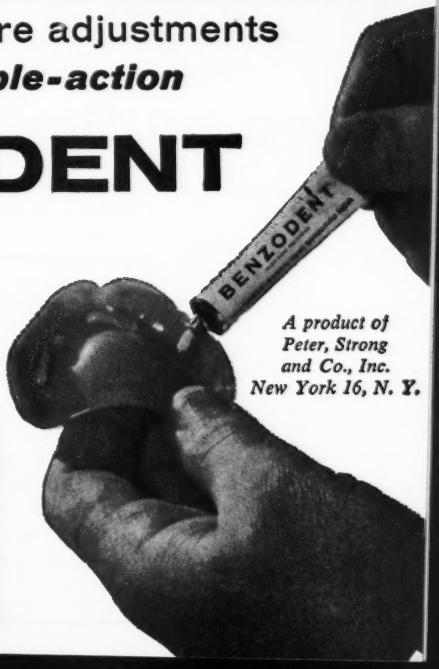
1 **Analgesic**... relieves pain and discomfort; avoids needless trimming

2 **Antiseptic**... helps to heal sore spots as it controls infection

3 **Adhesive**... creates patient confidence by effective denture stabilization



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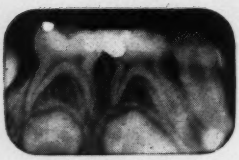
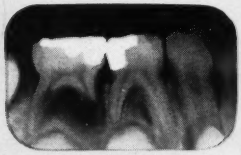
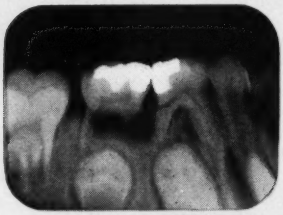


April 26, 1951

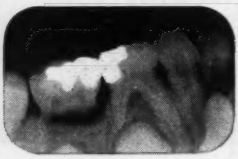


September 6, 1951

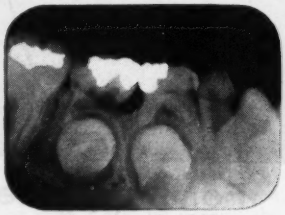
Dental radiographs, child patient: April 26, 1951 to April 26, 1955.



November 6, 1951



April 16, 1952

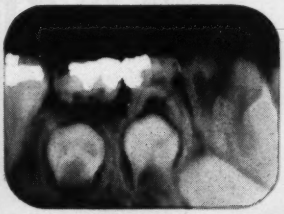


November 13, 1952

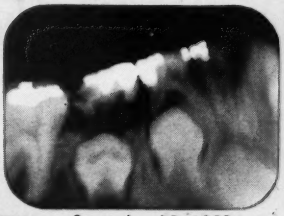
Step by Step... *the condition*

Changes in shape, size and structure of the growing child's teeth suggest frequent changes in dental treatment. Serial radiographs of these changes are of great value in case control. However, to record and evaluate each changing condition properly, the radiographs must be uniform in character, constant in value.

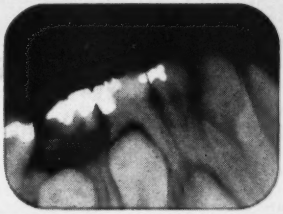
INTEREST your patients in preventive dentistry. Get first 50 copies of "How to Prevent Toothache," by Howard R. Raper, D.D.S., without cost. Additional copies, $1 per 100. Offer your patients this revised 14-page booklet.



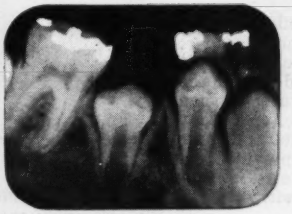
May 9, 1953



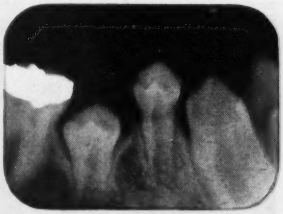
September 15, 1953



March 25, 1954



October 21, 1954



April 26, 1955

and treatment of a child's teeth...

Because uniformity is so important, always specify Kodak x-ray materials—*made to work together—always uniform, package after package, year after year.*

For complete dependability . . .

Use Kodak Dental X-ray Film

Process in Kodak Dental X-ray Chemicals

EASTMAN KODAK COMPANY
***X-ray Division*, Rochester 4, N. Y.**

Kodak
TRADE MARK

XUM

NOW not only

ANTI-ENZYME ACTION

with sodium dehydroacetate

12 to 24 hours after brushing

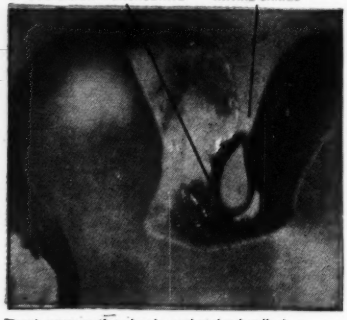
PROVEN

Retention by histochemical methods

12 to 24 hours after brushing

PENETRATION AND STAINING OF SODIUM DEHYDROACETATE

DENTAL FISSURE WITH INITIAL CARIES



Tooth cross section showing red-stained sodium dehydroacetate in exposed protein of developmental groove (Schiff's differential stain).

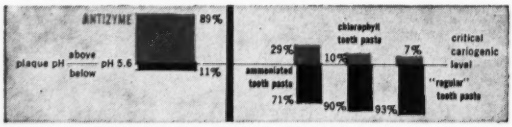
Histochemical studies at a leading dental research center prove sodium dehydroacetate is retained on dental plaque, on decalcified enamel areas, and in developmental pits and carious lesions, *both in vitro and in vivo.*

PROVEN

pH control even after sugar rinse

12 to 24 hours after brushing

Although "regular" tooth paste provided pH control for only ½ hour, 9 out of 10 caries-active subjects using Antizyme Tooth Paste obtained continuous pH protection above cariogenic levels for 12 to 24 hours even after a 50% sugar rinse.

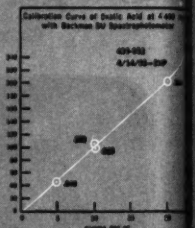


pH control after sugar rinse, 12 to 24 hours after brushing, proves Antizyme's protective action.

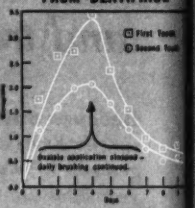
SODIUM DEHYDROACETATE IS FOUND EXCLUSIVELY IN ANTIZYME TOOTH PASTE

BUT ALS for

MICRODETERMINATION OF OXALIC ACID



IN VITRO ABSORPTION RADIOACTIVE OXALATE FROM DENTIFRICE



Radioautograph of extract human tooth after daily bru ing with a tooth paste conta ing C^{14} labeled sodium oxala showing oxalate deposits wh against the dark backgrou

s for the first time in any dentifrice

AFE FLUORIDE-LIKE ACTION

PROVEN

Enamel solubility reduction

Investigators have shown that certain ions reduce the solubility of tooth enamel. Among these are the fluoride ions and the less toxic oxalate ions. Some investigators found that when sodium oxalate was dissolved in an acid beverage tooth erosion was greatly reduced. Others reported that natural oxalate-containing foods, such as spinach and rhubarb, produced a protective film on the molars of test animals within one week.

More recently, a study was made on human teeth *in situ*. In this study the uptake of oxalate from the dentifrice was demonstrated. (See graph.)

PROVEN

Retention of oxalate confirmed by tracer studies

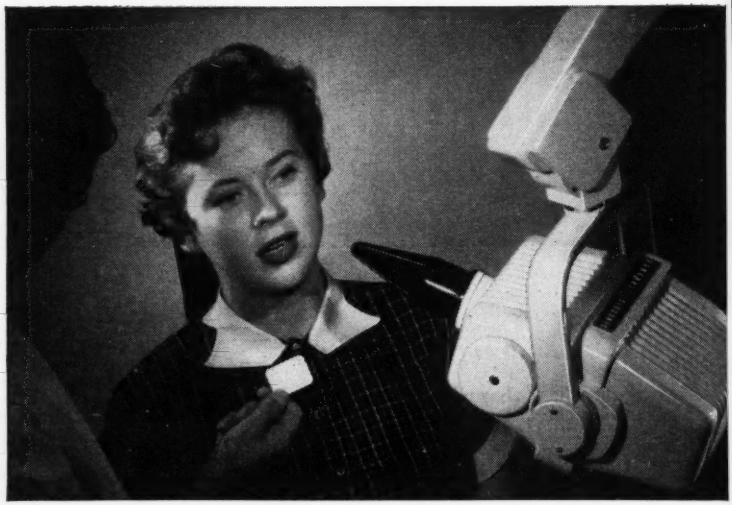
In a radioactive study on the transfer of sodium oxalate to teeth by topical application, radioautographs showed oxalate deposits and their location. These deposits *increased daily* as brushing continued. When brushing with the test dentifrice was discontinued, an apparently permanent deposit of oxalate remained in pits, cracks, and lamellae of the enamel, although the amount on the intact surface of the enamel decreased.

This study confirms that the action of oxalate parallels that of the fluoride ions. Yet unlike fluorides, oxalate is safe even for children under six and even in areas where water supplies are fluoridated.

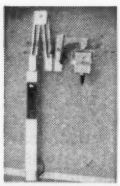
THIS TOOTH ENAMEL PROTECTION, PROVIDED BY THE FLUORIDE-LIKE ACTION OF SODIUM OXALATE, IS FOUND EXCLUSIVELY IN

Data available on request

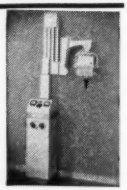
LAMBERT PHARMACAL COMPANY
Division of WARNER-LAMBERT PHARMACEUTICAL COMPANY, Jersey City 6, N. J.



Even the x-ray unit tells her she's in the best of hands



GE-70
Fixed x-ray output — 10 ma at 70 kvp.



GE-90
For any kilovoltage 40 to 90 kvp.

THAT look of quality and efficiency in the equipment you use is one of the things that contributes to a patient's satisfied confidence in you. *That look* is a built-in feature of every G-E dental x-ray unit — built in right along with truly functional power, speed and safety.

Features you will appreciate —

- Widest exposure range ever offered.
- More uniform penetration.
- Better detail with shorter exposures.
- Positive safety — highest inherent filtration plus adjustable filters.
- Easy, positive positioning.

Your dealer will be glad to give you the full details about the GE-90 and GE-70. Or write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, for Pub. KK-23.

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CAVITRON DEN

for cavit

Pioneers in Ultrasonic Cutting

Fourteen years ago, Cavitron scientists invented the revolutionary new ultrasonic cutting process* . . . making possible for the first time the precision grinding and cutting of hard and brittle substances with almost no heat, noise or vibration.

Precision, Speed, Safety

Today, the process is being used in industry for rapid, safe, high-precision grinding of complex gear dies . . . delicate slicing and dicing of synthetic ruby and sapphire for jewel bearings . . . and cutting of hitherto "unmachinable" materials. DuPont, Corning Glass, Westinghouse Electric and RCA are among the nation's industrial giants routinely using the Cavitron process.

The Cavitron Dental Unit is a logical development of our unique industrial experience. The successful application of the process to dentistry required more than seven years of engineering development and more than two years of intensive biological and clinical evaluation at key research centers and 160 private dental offices.

The most recent phase of Cavitron research — in the medical field — is in the non-traumatic cutting of human bone and soft tissue.

Thus Cavitron, with its unique experience in ultrasonics, continues to blaze the way in developing new applications of this remarkable cutting process.

* Patent No. 2580716

TAL UNIT

and crown preparation--
with minimum heat, noise, pain

The Cavitron Dental Unit brings to dentistry a proved cutting process which virtually eliminates heat, noise and vibration — important factors in dental pain. Since 1953, the safety and effectiveness of the process has been under intensive investigation at 20 schools, hospitals and research centers and in 160 private dental offices.

During this program, reports have been received on over 30,000 dental operative procedures, successfully completed with the Cavitron Dental Unit on more than 19,000 patients. Included were all types of cavity and crown preparation, prophylactic and periodental procedures, root canal therapy and occlusal grinding. No unusual post-operative symptoms have been observed in any of these cases.

Patient acceptance has been uniformly high — because Cavitron's gentle, rapid cutting action reduces patient tension and minimizes pain . . . 94% of the operations were completed without anesthesia.

Dentist acceptance has also been excellent. Since patients are relaxed, and the torque-free handpiece is easily controlled with practically no pressure, operating fatigue and strain are reduced while speed and efficiency are increased. Present skills and technics are readily adapted to working with the Cavitron Dental Unit.

See it at your local Cavitron dealer — or write for literature.

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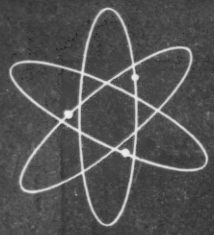
An enlarged copy of this picture is yours for the asking

Start your young patients on a lifetime habit of good oral hygiene: **1.** Regular *office* visits for your prophylaxis and treatment. **2.** A *home* routine of regular toothbrushing. **3.** The use of a good cleansing *dentifrice*, such as pleasant-tasting IPANA.®

BRISTOL-MYERS CO., 19 West 50 Street, New York 20, N. Y.

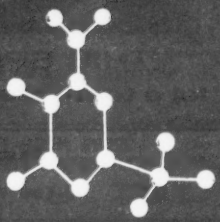


NEW

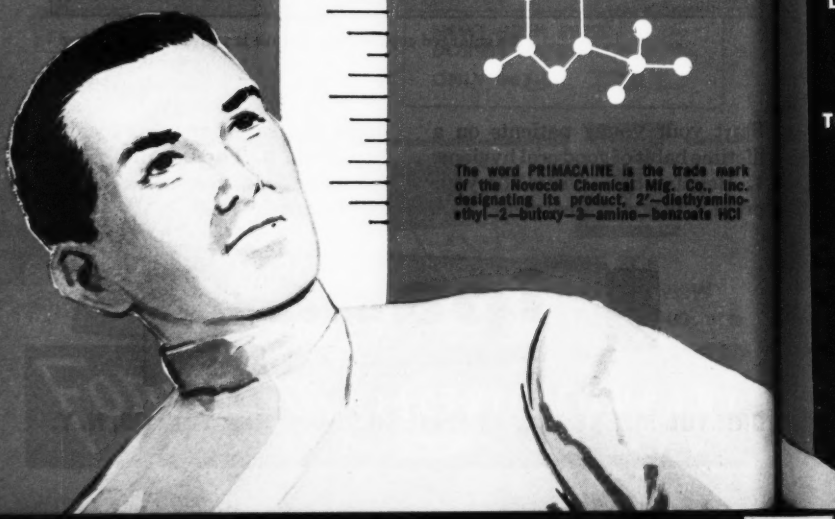
Closest Approach
to the IDEAL
Local Anesthetic...

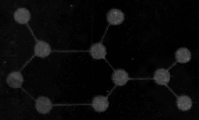
PRIMACAINE

the latest development in
LOCAL ANESTHESIA



The word PRIMACAINE is the trade mark of the Novocol Chemical Mfg. Co., Inc. designating its product, 2'—diethyamino-ethyl—2—butoxy—3—amine—benzoate HCl





DEEP..... Primacaine possesses an extremely high anesthetic potency . . . approaching the peak of effective anesthesia. Deep anesthesia may be induced with a small volume of anesthetic solution; thus reducing the possibilities of undesirable post-injection complications.

FAST..... Immediate anesthesia follows Primacaine infiltration injections. Block techniques usually result in symptoms in 1 to 2 minutes. The ready diffusibility of Primacaine makes it especially effective for nerve block procedures.

SAFE..... Primacaine, while considerably more potent than 2% procaine is in the subcutaneous safety range of this anesthetic. Evidence indicates that Primacaine is partially detoxified by the tissue fluids, whereas other anesthetics are usually detoxified in the liver; an additional safety margin provided by Primacaine.

IDEAL DURATION..... Duration of deep, complete anesthesia is in the moderate range—averaging 1 ½ to 2 hours for infiltration anesthesia and 2 ½ hours following nerve block injections.

TISSUE TOLERANCE..... Primacaine's chemical structure is largely responsible for its non-irritating properties. Dentists who developed dermatitis with other anesthetics have reported negative intradermal wheal and patch tests on their own skin with Primacaine.

Novocol CHEMICAL MFG. CO., Inc.

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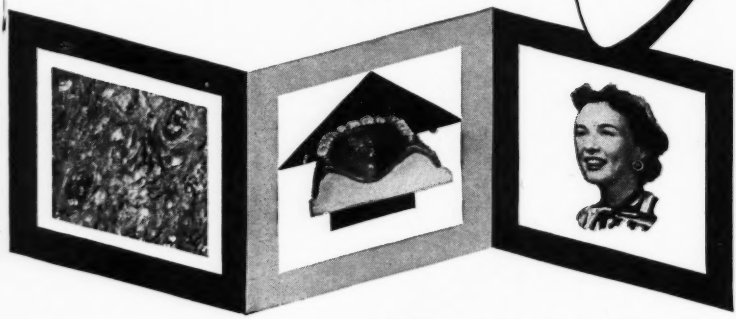
new Tilon has all 3

gel material + unidirectional curing + natural look



Quality controlled Tilon is stronger... it's blended in a research laboratory... dry-cured electrically to insure a perfect FIT... and every Tilon denture has color characterization inlaid right in the basic gel.

For a perfect FIT—everytime—TILON

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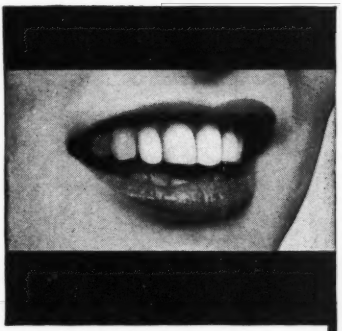
413 No. Pearl St., Albany 1, N. Y.

OFFERS BETTER

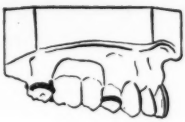
Fit
Color
Strength



Specify the

NEW WESTGARD

Stressguard



Conventional

Stressguard

Conventional

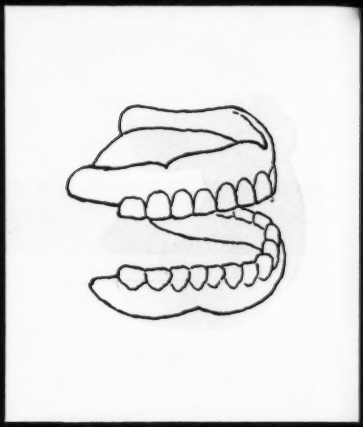
Stressguard

No clasps showing — minimum metal displayed! Stressguard partials minimize tooth movement. Forces of mastication are distributed equally between teeth and supporting structures.

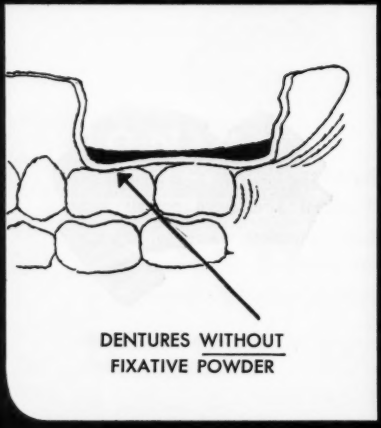
TICONIUM
413 No. Pearl St., Albany 1, N. Y.

How to improve Chewing with Dentures

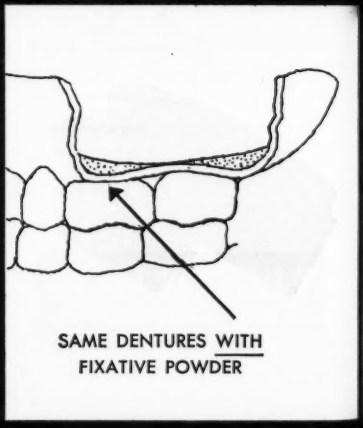
1 The number of chews among denture wearers necessary to reduce food for swallowing were recorded clinically.[1]



2 First chewing was done with pres dentures unaided.



5 In the first test 23.3 extra chews were required *over the number estimated for natural teeth*.



6 In the second test only 12.5 ex chews were needed to produce eq results.

. as reported by a leading dental college clinic.

Then denture fixative powder was sprinkled on dental plates and the experiment repeated.

4 The same patients made both tests. The only difference was the use of denture powder.

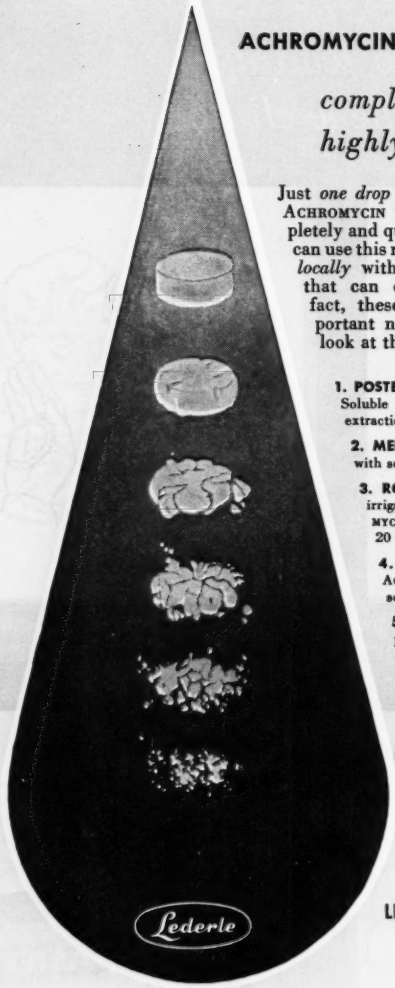
These carefully conducted tests proved that denture powder

Reduced *Extra* Chews Materially

FASTEETH was the denture powder used in these tests. It is the pleasant-tasting, alkaline denture powder made by Clark-Cleveland, Inc., Binghamton, N.Y.

Bibliography:

1. Manly and Vinton—J. Prosth. Den. 1,578-586 (1951)



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completely soluble!
highly useful!

Just *one drop* of water is sufficient to place an ACHROMYCIN Tetracycline Soluble Tablet completely and quickly in solution. That means you can use this renowned broad-spectrum antibiotic *locally* without fear of undissolved particles that can cause foreign-body reactions. In fact, these versatile tablets fill *several* important needs in your daily practice! Just look at this partial list:

1. **POSTEXTRACTION SOCKETS.** Place ACHROMYCIN Soluble Tablet intact in socket immediately after extraction.
2. **MEDICATED PACKS.** Impregnate cotton rolls with solution made from tablet(s).
3. **ROOT CANAL THERAPY.** Make solution to irrigate root canal; solution made from ACHROMYCIN Soluble Tablet will readily pass through 20 to 25 gauge needles.
4. **SYSTEMIC THERAPY for CHILDREN.** ACHROMYCIN Soluble Tablets are easily dissolved in milk, fruit juices, and other liquids.
5. **MOUTH WASHES.** Prescribe tablets for patient's use in chronic disorders such as Aphthous Stomatitis.

ACHROMYCIN Soluble Tablets 50 mg. are available from your usual source of supply in bottles of 40 and 100. They do not require refrigeration. Order a supply today!

FREE For your convenience in prescribing ACHROMYCIN, Lederle has prepared special prescription pads. Write for yours!

Capsules: 250, 100, and 50 mg.
Soluble Tablets: 50 mg.

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LEDERLE LABORATORIES DIVISION
AMERICAN Cyanamid COMPANY
Pearl River, New York

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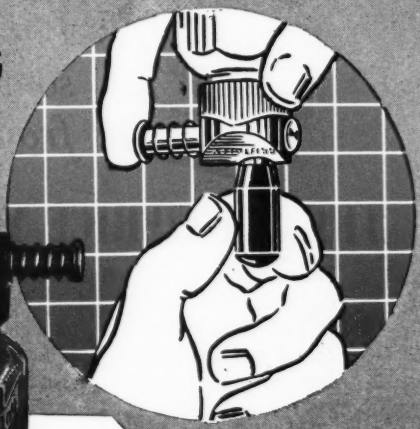
AN AID TO, NOT A SUBSTITUTE FOR, GOOD DENTISTRY

ARE YOU USING THE WORLD'S FINEST ALLOY...



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The extra "Bonus Ounce" is for trial. Use it and if not completely convinced, return to your dealer for full credit.

ARISTALOY amalgam fillings stay bright and clean in the mouth—*definitely* sealing cavities, because of the great density and the special shape and size of selected Aristaloy particles.

Our newest Individual Bottles Dispenser fits directly into capsules of mechanical amalgamators. It is very easy to use and will save much of your time and money.

A few minutes of conscientious study of the directions and several trial "spills" are a worthwhile exchange for a lifetime of uniform mixes of the exact size and consistency you desire.

$29.25

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Patients expect something special from

THE DENTIFRICE YOU PRESCRIBE

Your patients expect extra effectiveness from the dentifrice you recommend.

With NEUTROX, your patients get results they can actually see and feel!—outstanding results that add immeasurably to your professional reputation. Here's why:

1. Relieves gingival disorders... Helps prevent recurring gum infections! Neutrox brings quicker, better results because it releases 3.7 times more active oxygen than sodium perborate U.S.P.—and in a neutral solution ***safe*** for daily home use.

2. Actually kills bacilli and spirochetes associated with Vincent's Infections! Tests in vitro prove that Neutrox kills more than 8 million fusiform bacilli in less than 60 seconds*... kills more than 18 billion spirochetes in less than 30 seconds**. No other dentifrice offers this amazing proof!

3. Cleans teeth cleaner because it combines—for the first time—the purifying power of nascent oxygen with its own special polishing agents. It actually intensifies cleaning even in tiniest oral crevices.

*J.A.Ph.A 36:385, 1947
**J.A.Ph.A 38:258, 1949

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OXYGEN in a form SAFE for daily home use.
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...you will be better equipped than ever before to make dentures both natural-looking and beautiful with

new *forms*
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new *Æsthetic*

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IN MULTI-FIRED PORCELAIN

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TOOTH CORPORATION, CAMBRIDGE 39, MASSACHUSETTS

For posteriors . . . use Myerson's True-Kusp, Dynatomic or Synchronized—for denture resin, Myerson's Duraflow

THE GREAT LEADER – FOR TWENTY YEARS

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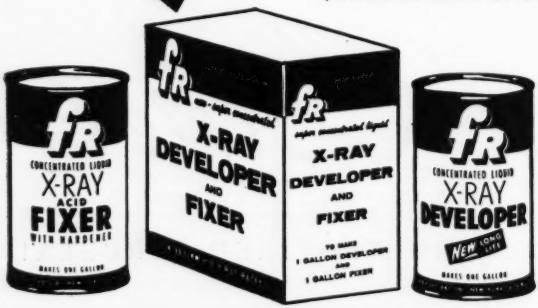
NOW AVAILABLE EITHER WAY—

IN 32 OZ. BOTTLES

OR IN THE NEW SUPER-CONCENTRATED 24 OZ. MAILABLE CANS
(makes as much as the 32 oz. bottle)



Each can of concentrated liquid makes 1 gallon of solution.

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More Dentists Use FR Chemicals Than Any Other Brand!

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Fluoridation by CONTINUOUS CONTACT THERAPY

with FLUOR-ON

Sets sufficiently hard in 5 minutes to be polished.

FLUOR-ON Kit contains one powder, one liquid, two dappen dishes and one eye dropper.

$7.50

FLUOR-ON is the new treatment material that releases Sodium and Stannous Fluorides where decay often recurs—at the filling margins. This material is the *improved* way of applying fluoride ions to the tooth enamel—by continuous contact therapy. When these fluorides are in contact with tooth enamel over long periods of time, the maximum amount of caries immunity is insured.

FLUOR-ON APPLICATIONS

1. Permanent filling—deciduous teeth.
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3. Treatment filling—permanent teeth with rampant caries.
4. Treatment filling—redecaying class V cavities.
5. Treatment filling in extensive mouth rehabilitation.
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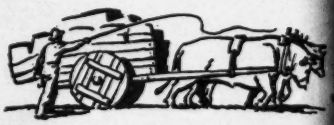
The Strides of Science

— from oxcart



— from old fashioned remedies

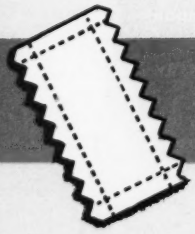
Remedies in folklore for toothache have ranged from eating an apple roasted in a species of palm leaf, to inhaling an infusion of bamboo.

"Oxcart" therapy has long since been left far behind by authoritative medical research, which—in the field of dental analgesia—has resulted in the formulation of Poloris Poultice.

This modern scientific preparation employs the clinically-proven capsicum, to provide effective, gentle counterirritation, for gratifying pain relief and reparative tissue stimulation. Its action is enhanced by the local anesthetic, benzocaine.

Poloris Poultice acts directly—*locally*—on the local dental pain... free from the many dangers often inherent in general systemic medication.

Poloris Company, Inc., Jersey City 2, N. J.

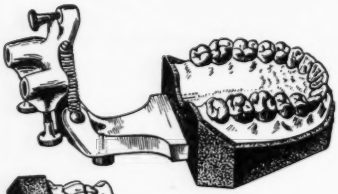


POLORIS

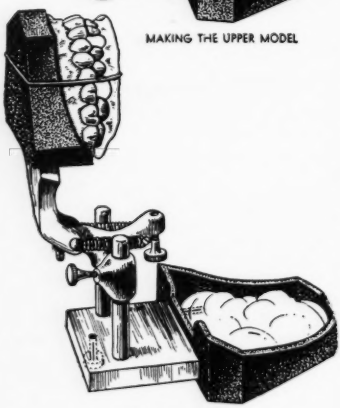
— for effective pain relief, with reparative stimulation, in emergency pain, pericementitis, dental abscess, erupting third molar, root canal therapy, gum irritation, and dental neuralgia.

How COLUMBIA "CORRELATOR" Helps You

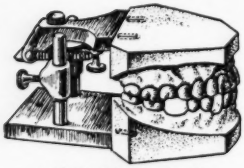
Present Neat, Articulated Study Models to Patients



MAKING THE UPPER MODEL



MAKING THE LOWER MODEL



MODELS ARE EASILY REPLACED ON CORRELATOR FOR STUDY

Models Occlude Automatically and Can be Replaced Quickly on "Correlator" for Study

* * *

The "Correlator" is also an Excellent Free-Movement Articulator, with Full Lateral and Protrusive Movements

COLUMBIA Rubber Model-Base Formers, which fit on the upper and lower bows of the "Correlator," enable you to make articulated study models, quickly and easily. By means of metal bushings, which become part of the models, the finished stone models can be slipped back easily on the "Correlator" later for study. Full lateral and protrusive movements are obtainable, as the "Correlator" is also an excellent free-movement articulator. "Correlator"-made study models occlude automatically, as do orthodontic casts.

Neat and artistic study models are made with this outfit with little time and effort. Without further preparation, the models can be mounted on the "Correlator" and the jaw movements reproduced.

Only one "Correlator" is needed, as all models made with it have a uniform and simple means of attachment. The ease of making these articulated models encourages dentists to use articulated study models routinely, enabling them better to determine occlusal defects and to help patients visualize the restorative work needed.

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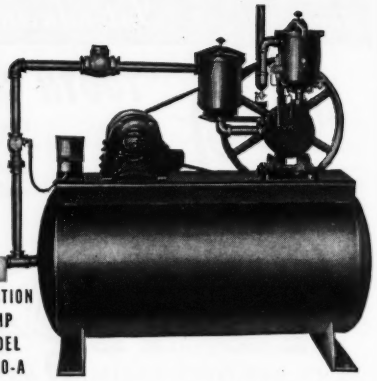
central suction



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Coloration that is thru and thru the denture . . .

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Multihued for that NATURAL "ALIVE" Flesh-Like EFFECT

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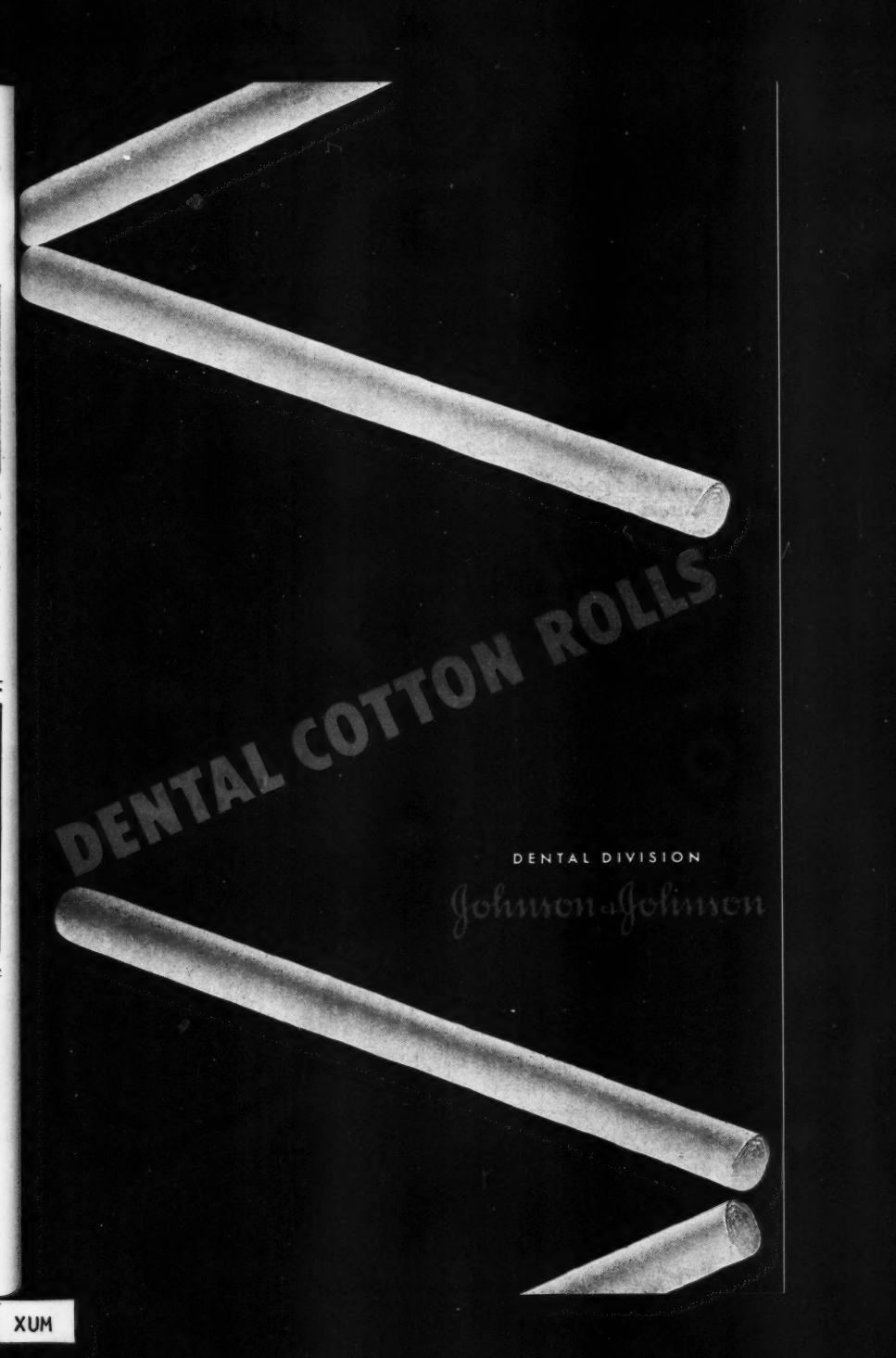
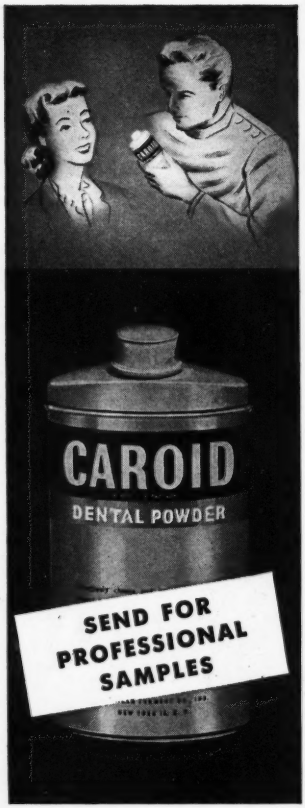


They won't know unless you tell them...



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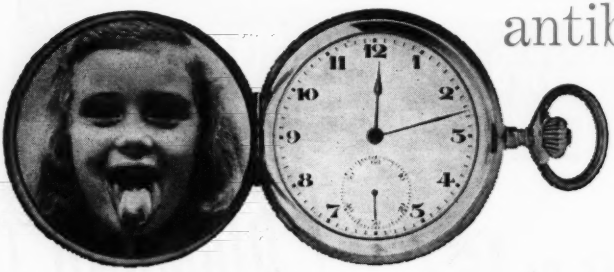

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HOMOGENIZED MIXTURE

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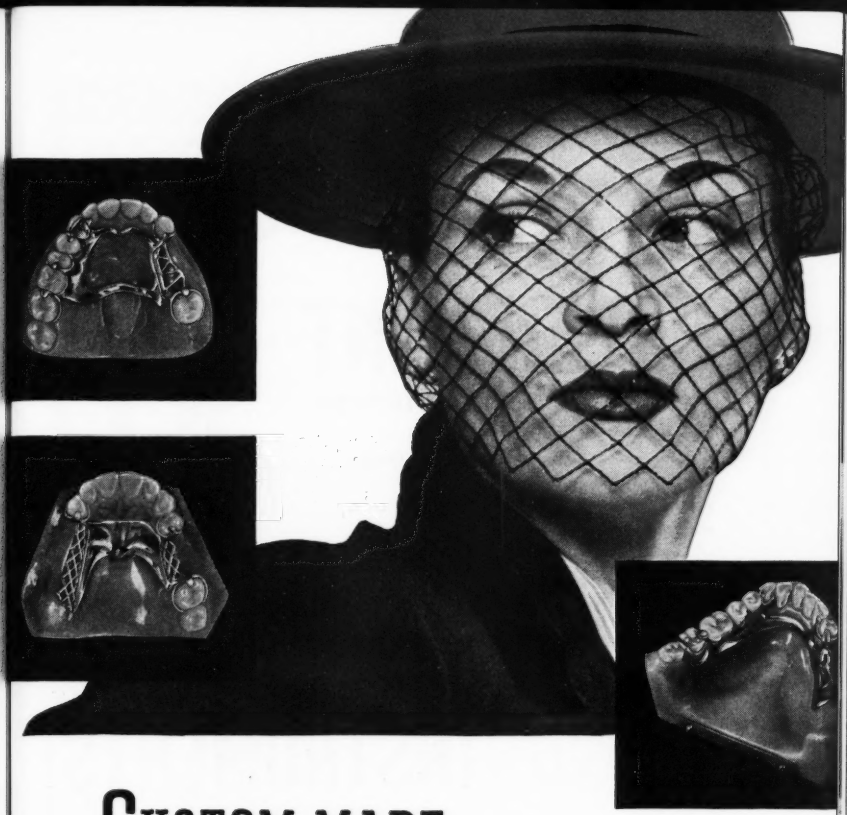

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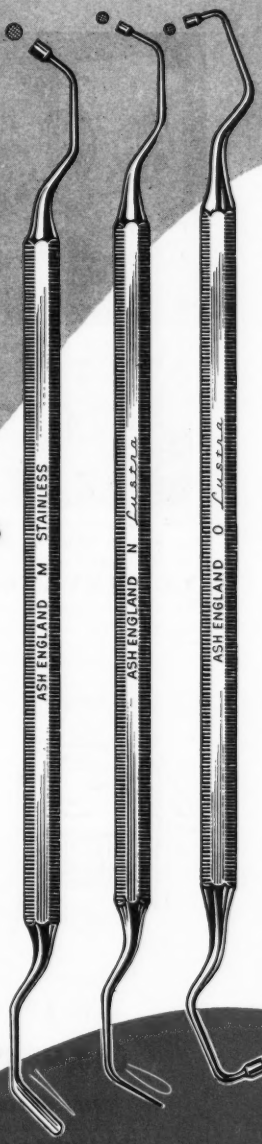

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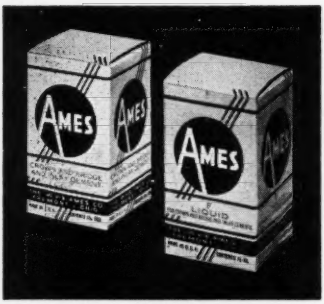

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IN OTHER METHODS you cut *downward* through the hard outside layer of bone *first*, then through the soft bone.

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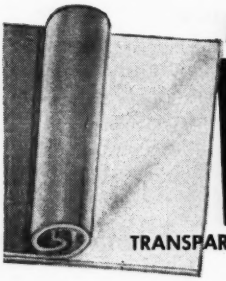

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● **You've never had a sheet wax or any other wax like it . . . it's coated on one side for rapid and permanent adaptation. The moment you see it and feel it you'll know this modern wax has many amazing advantages:**

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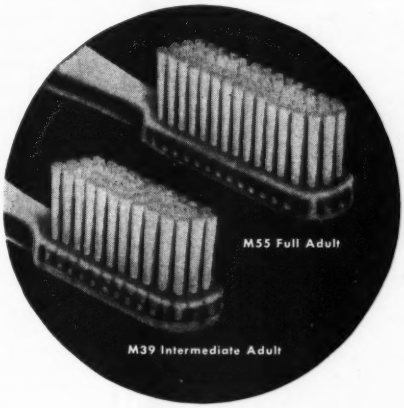

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1. Sud, V.: J. D. Res. 30:19, 1951.
2. Nathanson, I. G. and Morin, G. E.: Oral Surg., Oral Med. and Oral Path. 6:1284, 1953.

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Each capsule of Allbee with C contains:

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WANTED elderly dentist in his sixties for full or part-time employment in ethical professional work in Houston area. Texas license required. "BK" Oral Hygiene, Pittsburgh, Pa.

DENTIST: New York licensed or eligible. Become associate—very busy modern lucrative five-chair office with opportunity to purchase. Should be trained in general anesthesia. Upstate New York. Write all qualifications. "BL" Oral Hygiene, Pittsburgh, Pa.

WANTED: Associate, Ohio license; permanent for reliable operator, age thirty to sixty-five years. Maximum fees, cash business, private practice. Commission basis thirty days, if satisfactory will give one-half interest free. Write giving full information, age, married, single, background branch preferred. No postcards regarding proposition answered. "BO" Oral Hygiene, Pittsburgh, Pa.

Dental practice, established thirty-three years, located in central Kansas. Best location in town, well-equipped office and laboratory. Steady practice with good fees; priced so it should pay out in six months. Information and free pictures mailed, no obligation. C-5689, Continental, 804 Grand, Kansas City, Mo.

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FOR LEASE due to death of dentist, late model office, Cape Cod design. Up-to-date equipment. Perfect location, attractive, excellent opportunity. Contact Mrs. Ellen Mayo, Shore St., Falmouth, Mass.

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

Burs Reground **45¢** per dozen. Introductory 4 doz. **$1.** Vulc., Surg., Finishing Burs **20¢** ea. Carbide Burs **50¢** ea.

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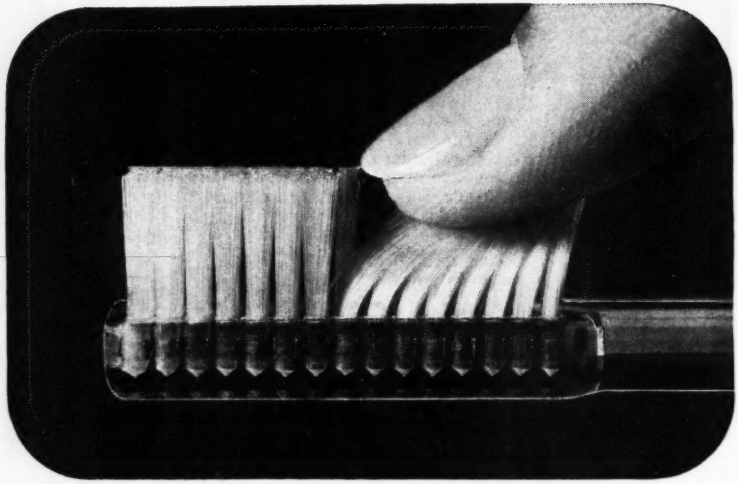

We cordially invite you to

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Professional men generally agree that, regardless of the dentifrice used, a toothbrush is the most important factor in maintaining good oral hygiene.

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If you are unfamiliar with the Oral B Toothbrush, we suggest that you try it yourself. Then pass judgment on its effectiveness for use on both teeth and gums. The soft, flexible filaments are extremely small, with flat tops which minimize abrasion of tooth structure and injury to gingival tissue. In effect it becomes two brushes in one.

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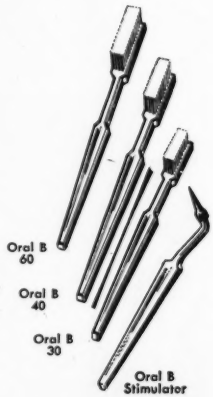

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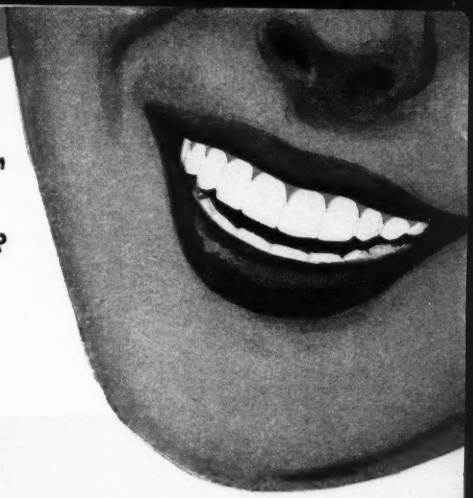


"6-months-after"

DENTURE CHECK-UP

Complete ( )
Partial ( )
Upper ( )
Lower ( )

Patient.....

Dentures inserted (date).....

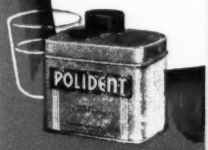
Reexamination (date).....

Abrasion.....

Discoloration.....

General Condition.....

Using Polident?.....



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Six months after insertion, are your dentures receiving the care they deserve? Do they still reflect your high professional standards? Are they still a thing of beauty...sparkling bright, unscratched, unmarred?

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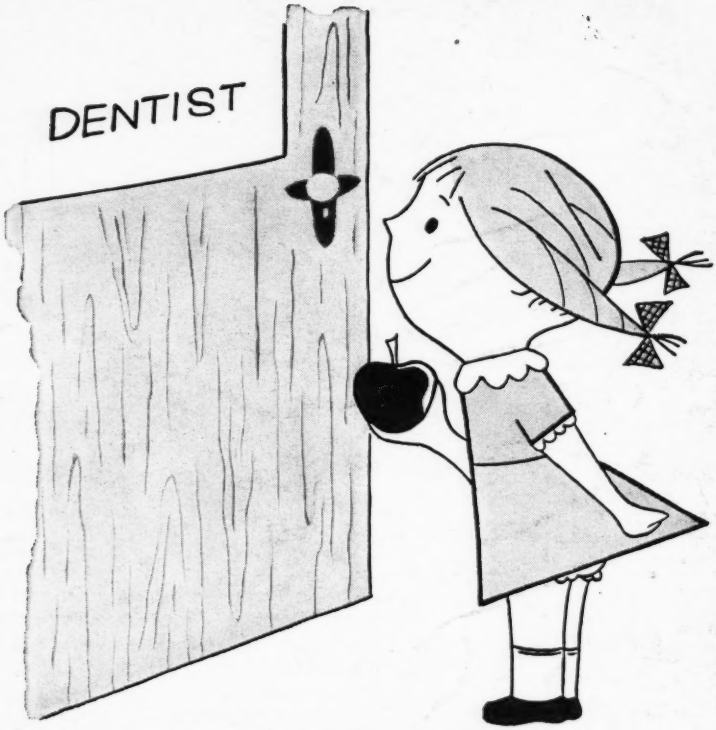

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